SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT

SIGNATURE

Jul 10 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (9)TAMPA DRIVE SERVICE, INC. Principal Place of Business Mailing Address 402 REO ST 15485 LAKESHORE VILLA CIR **SUITE 113** DO NOT WRITE IN THIS SPACE TAMPA FL 33609 TAMPA FL 33617 US 3. Date Incorporated or Qualified 02/07/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2933148 26 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current pear intangible Personal Property Tax due June 30. Yes ... No Zip Zip Country Country 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPRINGSTEAD, AARON J. 7019-A SAN RAMON PL 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33617** City Zip Code Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. **SIGNATURE** Signifibure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (5/98 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE Change Addition SPRINGSTEAD, AARON J. NAME 1.2 NAME 5485 LAKESHORE VILLA CIR #287 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition SPRINGSTEAGD, RUBYE A NAME 2.2 NAME 15845 LAKESHORE VILLA CIR #287 STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Addition **SPRINGSTEAD, RICHARD A.** NAME 3.2 NAME 2309 FOREST CREST CIRCLE STREET ADDRESS 3.3 STREET ADDRESS LUTZ FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ___ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Addition Change **60000258691**6 -07/13/98--01096--012 NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

FILED



TAMPA DRIVE SERVICE INC.

402 REO ST TAMPA, FL 33609 (813) 286-8921 FAX (813) 282-8497

July 1,1998

Florida Dept. of State Division of Corporations Tallahassee, Fl. 32314

Please be informed that we never received the first notice of report. You will note that we have always paid our Corporate Tax on time for the past eight years. We have called your office as the above date, and talked with Leslie. Leslie told us to submit \$150.00 instead of the \$550.00. Therefore, please find our check #6326 enclosed.

Sincerely,

Rubye A. Springstead TAMPA DRIVE SERVICE, INC.