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Jul 02 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17362 (7)

1. Corporation Name

DRIVER IMPROVEMENT ASSOCIATES, INC.



Principal Place of Business

Mailing Address

831 VILLAGE BLVD
#905-206
W. PALM BEACH FL 33409
US

831 VILLAGE BLVD
#905-206
W. PALM BEACH FL 33409-1944
US

3. Date Incorporated or Qualified
10/16/1986

3a. Date of Last Report
06/11/1996

4. FEI Number
59-2736877

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
905-206

26 Suite, Apt. #, etc.
905-206

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARHAM, MARGARET W.
~~831 VILLAGE BLVD~~
W. PALM BEACH FL 33409

81 Name

NOLAN, Michael F

82 Street Address (P.O. Box Number is Not Acceptable)

931 VILLAGE Blvd, #905-206
905-206

83

City W. Palm Bch

FL

85 Zip Code
33409

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Michael F. Nolan VPD Michael F. Nolan

4-28-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
NOLAN, MICHAEL F.
STREET ADDRESS
6902 N.W. 18TH AVE.
CITY-ST-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
PARHAM, MARGARET
STREET ADDRESS
~~831 VILLAGE BLVD~~
CITY-ST-ZIP
W. PALM BEACH FL

TITLE ☒ DELETE

NAME
WOPART, JAMES
STREET ADDRESS
2224 SPRING RAIN DR
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

VD ☒ Change ☐ Addition

1.2 NAME

NOLAN, MICHAEL F.

1.3 STREET ADDRESS

931 VILLAGE Blvd, #905-206
W. Palm Bch, FL 33409

1.4 CITY-ST-ZIP

2.1 TITLE

PD ☒ Change ☐ Addition

2.2 NAME

PARHAM, M.W.

2.3 STREET ADDRESS

931 VILLAGE Blvd, #905-206
W. PALM Bch, FL 33409

2.4 CITY-ST-ZIP

3.1 TITLE

STD ☐ Change ☒ Addition

3.2 NAME

NOLAN, LISA M.

3.3 STREET ADDRESS

2724 Lucerne Dr.

3.4 CITY-ST-ZIP

TALLAHASSEE, FL 32303

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)