

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001688

1. Corporation Name

DRIVE SMART FLORIDA, INC.

Principal Place of Business

**5405 DIPLOMAT CIRCLE
SUITE 154
ORLANDO FL 32810**

Mailing Address

**5405 DIPLOMAT CIRCLE
SUITE 154
ORLANDO FL 32810**

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90136 015 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

04/06/1995

4. FEI Number

59-3314899

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

9. Name and Address of Current Registered Agent

**HAGAN, FRED B
5405 DIPLOMAT CIRCLE
SUITE 154
ORLANDO FL 32810**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE
NAME **DVORNIK, DONALD F**
STREET ADDRESS **17200 COMMERCE PARK BLVD.**
CITY-ST-ZIP **TAMPA FL 33467**

TITLE **P** ☐ DELETE
NAME **HAGAN, FRED B**
STREET ADDRESS **5405 DIPLOMAT CIRCLE, #154**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☒ DELETE
NAME **GRIMMING, RONALD**
STREET ADDRESS **NEIL KIRKMAN BUILDING, 2900 APALACHEE PKWY**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **BLY, RANDY E**
STREET ADDRESS **1515 NORTH WESTSHORE BLVD.**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☐ DELETE
NAME **RINALDI, LOUIS J**
STREET ADDRESS **702 N. FRANKLIN STREET**
CITY-ST-ZIP **TAMPA FL 33601**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)