

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002612 (8)
 1. Corporation Name

DRIVE SERVICE AND TRANSPORTERS ASSOCIATION OF FLORIDA, INC.



Principal Place of Business
402 REO ST SUITE 118 TAMPA FL 33609

Mailing Address
402 REO ST SUITE 118 TAMPA FL 33609

3. Date Incorporated or Qualified **05/31/1995** 3a. Date of Last Report **N/A**

21. Principal Place of Business 402 Reo St	2a. Mailing Address 402 Reo St	4. FEI Number 59-3318035	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. #118	26. Suite, Apt. #, etc. #118	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Tampa, FL	27. City & State Tampa, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33609	28. Zip 33609	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SULLIVAN, JOHN E
329 PAULS DR
BRANDON FL 33511

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

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: John E. Sullivan (NOTE: Registered Agent signature required when reinstating) DATE: 6-5-96

12. OFFICERS AND DIRECTORS

TITLE	President / Director	<input type="checkbox"/> DELETE
NAME	Richard Springstead	
STREET ADDRESS	402 Reo St, # 118	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	Sec. / Treasurer / Director	<input type="checkbox"/> DELETE
NAME	Diana Harvey	
STREET ADDRESS	402 Reo St, # 118	
CITY-ST-ZIP	Tampa, FL 33619	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Carl A. Northrup	
STREET ADDRESS	11312 Orange Grove Drive	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	800001930828
6.2 NAME	-08/23/96--01011--019
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, 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 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.

SIGNATURE: Richard A. Springstead DATE: 6-5-96 DAYTIME PHONE #: 813-288-9821

CR2E037 (3/96)