2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Sep 06, 2006 8:00 am Secretary of State 09-06-2006 90041 037 ****61.25

1. Entity Name FLORIDA	MENT # N960000034 CAPITAL CHAPTER ASSOCITED TO THE CONTROL OF THE CASSOCITED TO THE					7 20041 037	01.23
651 E JEFFERSON ST 65		Mailing Address 651 E IEFFERSON ST TALLAHASSEE, FL 3239			, -		HIBI SI (SP)
n Driver and Di	- A Division	2 Mailing Addrson					
Principal Place of Business		3. Mailing Address		 	UIIII EDIII OZIII GDII	f 2019 holen filli mistor fælla ft	JIJNE BI INSI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08042006 Ch	ng-NP	CR2E037 (4/06)	
City & State		City & State		4. FEI Number 59-315769	3	} 	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	•	\$8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New R	<u> </u>	ed
		_	Name				
EQUELS, JUDITH LOMA 651 E JEFFERSON ST TALLAHASSEE, FL 32399		NAS	Street Address (F		Not Acceptable))	
TALLAHAS	35EE, FL 32399						
			City		•	FL Zip Cod	le
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office or regist	tered agent, or both, in	the State of Flo	orida. I am familiar with,	and accept
•	`,						
SIGNATURE .	Signature, typed or printed name of registered agent an	nd trile d applicable. (NOTE:	Registered Agent signature requi	ired when reinstating)		DATE	
	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		DATE lake check payable t ida Department of S	
		9. Election Cam Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flor	lake check payable t	tate
DI 10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIRE PP ROLLINS, GLORIA J 201 S. MONROE STREET	9. Election Cam Trust Fund Co	paign Financing contribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flor	lake check payable tida Department of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

IG OFFICER OR DIRECTOR