2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2012
Secretary of State

DOCUMENT# P00000063453

Entity Name: HANDICAPPED DRIVER SERVICES-FLORIDA, INC.

Current Principal Place of Business:

2727 ST JOHNS BLUFF ROAD
JACKSONVILLLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

1310 KENNESTONE CIRCLE
SUITE 2
MARIETTA, GA 30066

New Mailing Address:

1500 CANTON ROAD
SUITE 208
AKRON, OH 44312

FEI Number: 58-2555591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLNAGHI, JOHN H
2727 ST JOHN BLUFF RD
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

COLNAGHI, JOHN H
2727 ST JOHNS BLUFF RD
JACKSONVILLE, FL 32246 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ 08/23/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: DRESDNER, MICHAEL
Address: 1310 KENNESTONE CIRCLE SUITE #2
City-St-Zip: MARIETTA, GA 30066

Title: PS
Name: KOEBLITZ, WILLIAM M
Address: 810 MOE DRIVE
City-St-Zip: AKRON, OH 44310 US

Title: V
Name: CLARK, TAYLOR F
Address: 810 MOE DRIVE
City-St-Zip: AKRON, OH 44310 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GERHARD SCHMIDT CFO 08/23/2012
Electronic Signature of Signing Officer or Director — Date