FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076348 (0)

1. Corporation Name

LAKELAND DRIVER SERVICES, INC.

Principal Place of Business	Mailing Address
621 N LAKE PARKER AVE LAKELAND FL 33801 US	621 N LAKE PARKER AVE LAKELAND FL 33801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3204621	☐ 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	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KEDZUF, JOSEPH P
621 N LAKE PARKER AVE
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: KEDZUF, KEVIN R.
82 Street Address (P.O. Box Number is Not Acceptable): 621 N. LAKE PARKER AVENUE
83
84 City: LAKELAND, FL 85 Zip Code: 33801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kevin R. Kedzuf — Kevin R. Kedzuf — 4/25/95
(Signature, Typed or Printed Name of Registered Agent, Title if Applicable) (NEW Registered Agent Signature Required When Name Changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	DTP	11 TITLE	☒ Change ☐ Addition DPS
NAME	KEDZUF, JOSEPH P	12 NAME	KEDZUF, KEVIN R.
STREET ADDRESS	621 N. LAKE PARKER AVE	13 STREET ADDRESS	621 N. LAKE PARKER AVENUE
CITY ST ZIP	LAKELAND FL	14 CITY ST ZIP	LAKELAND, FL. 33801
02 TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
03 TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
04 TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
05 TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
06 TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Kevin R. Kedzuf, President
Kevin R. Kedzuf
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR

4/25/95 (Date) 813-682-4101 (Daytime Phone #)

0312751 CP