**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 Apr 16 1998 8:00am **PROFIT** ELORIDA DEPARTMENT STATE CORPORATION Sandra B. Morth ANNUAL REPORT Secretary of State Secretary of Stat DIVISION OF CORPOR TIONS 1998 DOCUMENT # P94000003623 (3) A MID-FLORIDA DRIVER IMPROVEMENT SCHOOL. INC. Principal Place of Business Mailing Address 11407 SE HWY 301 11407 SW HWY 301 BELLEVIEW FL 34420 BELLEVIEW FL 34420 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1994 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0459314 PO BOX 3098 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be BERLEVIEW) ш Trust Fund Contribution Added to Fees 23 Country Zip Country 8. This corporation owes or has paid the current year Intangible 34421 Personal Property Tax due June 30. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MORRISON, KAY 13485 SE 32ND CT Street Address **BELLEVIEW FL 34420** 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 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 arm terminar with, and accept the obligations of, Section 607.0505, Florida Statutes. 4/12/98 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 11 TITLE TITLE PRESIDENT KATHERINE MORRISON, KAY 1.2 NAME 13485 SE 32 MO CT 13485 SE 32ND CT 1.3 STREET ADDRESS STREET ADDRESS BELLEVIEW, FL. 34420 **BELLEVIEW FL 34420** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 T/LE TITLE NAME EET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME EET ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 NAME HEET ADDRESS STREET ADDRESS

Y-ST-ZIP

imption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

4/12/98

CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the eindicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execut

Block 12 or Block 13 if changed, or on an attachment with an address.

Karb