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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024929 (9)

UNDERWOOD, VIRGINIA R.

105 ARBOR VIEW CT

PONE VEDRA BCH FL

1-888-TRAFFIC SCHOOL, INC.

Principal Place of Business Mailing Address 105 ARBOR VIEW CT 105 ARBOR VIEW CT PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3236103 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 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes ☐ No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name UNDERWOOD, KENNETH L 105 ARBOR VIEW CT Street Address (P.O. Box Number is Not Acceptable) **PONTE VEDRA BEACH FL 32082** 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition THILE 1.1 TITLE UNDERWOOD, KENNETH L NAME 1.2 NAME 105 ARBOR VIEW CT 1.3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP

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STREET ADDRESS Theroby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 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 13 if changed, or on an attachment with an address.

CIGNATURE:

TITLE

NAME STREET ADORESS

NAME

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Feb 27 1998 8:00am

Secretary of State

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