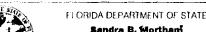
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT #**



Secretary of State DIVISION OF CORPORATIONS

P94000030670 (1) FLYNNS DRIVE SERVICE INC.

Mailing Address

FILED May 22 1998 8:00am Secretary of State



Principal Place of Business 5569 LOWN STREET NORTH 5569 LOWN STREET NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3263664 Not Applicable Suite. Apt. #. etc Suite, Apt. #, atc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 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 Yes □ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLYNN, W.E. FLYNNS DRIVE SER. 82 Street Address (P.O. Box Number is Not Acceptable) 5569 LOWN STREET NORTH 83 ST. PETERSBURG FL 33714 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 11 THLE Change FLYNN, WILLIAM EUGENE 1.2 NAME **5569 LOWN STREET NORTH** STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33714 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 21 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 THTLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 WILE ☐ Change 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST - 7)P DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DILETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP

14. Thereby 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 confortation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: