

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000035518**

1. Corporation Name

SMART DEFENSIVE DRIVING, INC.

Principal Place of Business

**HIGHWAY 90 WEST
LAKE CITY FL 32055**

Mailing Address

**5012 HWY 90 W
US 90 WEST
LAKE CITY FL 32055
US**

2. Principal Place of Business

21 Smart Defensive Driving
Suite, Apt. #, etc.

2a. Mailing Address

26 Smart Defensive Driving
Suite, Apt. #, etc.

22 5012 W US Hwy 90

27 5012 W US Hwy 90

23 LAKE City, Florida
City & State

28 LAKE City, FL
City & State

24 32055 Zip Country

25 Columbia

29 32055 Zip Country

30 Columbia

9. Name and Address of Current Registered Agent

FIELDS, JOE B.

**RT-13 BOX 1054 5012 W US Highway 90
US 90 WEST
LAKE CITY FL 32055 - 8227**

3. Date Incorporated or Qualified

05/11/1994

4. FEI Number

59-3244675

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **FIELDS, JOE B**
STREET ADDRESS **HIGHWAY 90 WEST**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **Fields, Joe B.** ☐ DELETE

NAME **5012 W US Highway 90**
STREET ADDRESS **LAKE City, FL 32055-8227**
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOE B. FIELDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-99 (904) 752-9000

CR2E034 (1/98)

UP000330C

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90069 003 ***150.00



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