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 APR 28 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084618 (5)

1. Corporation Name

TALLAHASSEE DRIVE LINES, INC.

Principal Place of Business
3686 WOODVILLE HIGHWAY
TALLAHASSEE FL 32301

Mailing Address
3686 WOODVILLE HIGHWAY
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1994
3a. Date of Last Report:

4. FEI Number: 59-3307513 — 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. The corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business: 21 / Suite, Apt. # etc.: 22 / City & State: 23 / Zip: 24 / Country: 25

2a. Mailing Address: 26 / Suite, Apt. # etc.: 27 / City & State: 28 / Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

ROWAN, WILLIAM C
3686 WOODVILLE HIGHWAY
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	STD [ ] Change [ ] Addition
NAME	ROWAN, WILLIAM C	NAME	
STREET ADDRESS	1023 EAST CAMP STREET	STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL ~~32055~~ 32025	CITY-ST-ZIP	32025
TITLE	D	TITLE	PD [ ] Change [ ] Addition
NAME	ROWAN, WILLIAM R	NAME	
STREET ADDRESS	2124 TRIMBLE ROAD	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	400001471924 -05/02/95--01159--010 ****200.00 ****200.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	4/28/95
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that all the information indicated on the 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.

SIGNATURE: William C Rowan — WILLIAM C. ROWAN, SECRETQRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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