

P9500000214

RICHARDS, GILREY, FITE, SLAUGHTER, PRATESI & WARD, P.A.

RICHARDS BUILDING
1283 PARK STREET
CLEARWATER, FLORIDA 34616

TEL: (813) 443-3781
FAX: (813) 446-3741

RALPH RICHARDS (1893-1860)
JOHN D. FITE
JOHN E. SLAUGHTER, JR.
EMIL G. PRATESI
B. CARLTON WARD
CYNTHIA I. RICE

MARK D. BREAKSTONE

WILLIAM W. GILREY
WILLIAM M. MACKENZIE
OF COUNSEL

PORT RICHEY OFFICE

RIDGE PLACE EXECUTIVE CENTER
8410 U.S. HIGHWAY 18 - SUITE 104
PORT RICHEY, FLORIDA 34888
TEL: (813) 841-7833
FAX: (813) 847-8742

December 20, 1994

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

700001367327
-01/03/95--01064--007
***\$122.50 ***\$122.50

RE: Articles of Incorporation
DRIVER'S DISTRIBUTION SYSTEM, INC.

Gentlemen:

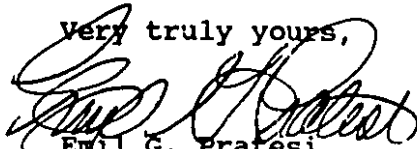
We enclose herewith for filing in your office the original Articles of Incorporation and designation of Registered Agent for the above noted corporation.

We also enclose herewith a check, payable to your order, in the amount of \$122.50 to cover the following:

File Fee	\$ 35.00
Registered Agent Fee	35.00
Certified Copy of Articles	<u>52.50</u>
	\$122.50

We shall appreciate your forwarding the certified copy of the Articles to the undersigned at the firm and address shown above.

Very truly yours,


Emil G. Pratesi

EGP/pmy
Enclosures

1/3/94


**ARTICLES OF INCORPORATION
OF
DRIVER'S DISTRIBUTION SYSTEM, INC.**

FILED
94 DEC 30 AM 8:45
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

I.

NAME

The name of this corporation shall be DRIVER'S
DISTRIBUTION SYSTEM, INC.

II.

PURPOSE

This corporation is organized to engage in any activity
of business permitted under the laws of the United States or
of this State.

III.

TERM OF EXISTENCE

This corporation shall begin existence as of the date of
filing and shall exist perpetually.

IV.

CAPITAL STOCK

This corporation is authorized to issue seven thousand
five hundred (7,500) shares of \$1.00 par value.

V.

PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new
stock of this corporation of the same kind, class or series as
that which he already holds, shall have the right to purchase
his pro rata share thereof (as nearly as may be done without
issuance of fractional shares) at the price at which it is
offered to others.

VI.

MAILING ADDRESS

The mailing address of the corporation is 1253 Park
Street, Clearwater, Florida 34616.

VII.

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 1253 Park Street, Clearwater, Florida 34616 and the name of the initial registered agent of this corporation at that address is Emil G. Pratesi.

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FILED
TALLAHASSEE, FLORIDA

VIII.

INCORPORATORS

The name and address of the person signing these Articles is:

Emil G. Pratesi 1253 Park Street
Clearwater, Florida 34616

IX.

INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

X.

AMENDMENT

The corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed this Articles of Incorporation this 21 day of December, 1994.


EMIL G. PRATESI

EGP/PMY
\\CORP\Drivers.art

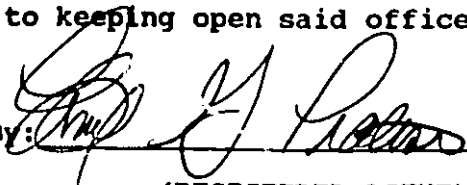
CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First--That DRIVER'S DISTRIBUTION SYSTEM, INC. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at City of Clearwater, County of Pinellas, State of Florida, has named Emil G. Pratesi, located at 1253 Park Street, City of Clearwater, County of Pinellas, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: 
(REGISTERED AGENT)

EGP/dss
\CORP\6

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

55 AUG 24 AM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001568524
08/24/95--01059--007
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Norman
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000000214 (3)
 1. Corporation Name
DRIVER'S DISTRIBUTION SYSTEM, INC.

Principal Place of Business Mailing Address
1253 PARK STREET CLEARWATER FL 34616
1253 PARK STREET CLEARWATER FL 34616

2. Principal Place of Business 2a. Mailing Address
 21 Suito, Apt #, etc 26 Suito, Apt #, etc
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12/30/1994
 4. FEEL Number
59-3294863
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contributions \$5.00 May Be Added to Fees
 8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PRATESI, EMIL I. G
1253 PARK STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
 81 Name
Sandra B. Norman
 82 Street Address (P.O. Box Number is Not Acceptable)
1205 G Street Tallahassee, Florida
 83
Sandra B. Norman
 84 City
Tallahassee FL 85 Zip Code
32304

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 _____ (DATE) _____

12. OFFICERS AND DIRECTORS

TITLE	Jeryl Thayer
NAME	P/VP/S/T/Director
STREET ADDRESS	1045 Riverside Drive
CITY - ST - ZIP	Palmetto, Florida 34221
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 19.07(3)(k), 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.

SIGNATURE: _____
 SIGNATURE **Jeryl Thayer** OFFICER OR DIRECTOR
 Date: **8/8/95** District: _____

CR2004 (3/95)