

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

FILED

97 OCT 24 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

| | |
|--|---|
| Principal Place of Business 4500 140TH AVE N. SUITE 119 CLEARWATER FL 34622 US | Mailing Address P.O. BOX 17507 CLEARWATER FL 34622 US |
|--|---|

DO NOT WRITE IN THIS SPACE

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

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/30/1994 | 3a. Date of Last Report 08/12/1996 |
| 4. FEI Number 59-3294863 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**THAYER, JERYL F
1045 RIVERSIDE DR
PALMETTO FL 34221**

10. Name and Address of New Registered Agent
81. Name: **THAYER JERYL F.**
82. Street Address (P.O. Box Number is Not Acceptable):
408 27 ONE W
83. **BRADENTON**
84. **FL** 85. Zip Code: **34205**

11. Pursuant to the provisions of Sections 607.0501 and 607.1501, 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: *Jeryl F. Thayer* **9/16/97**
Signature, in ink or printed name of registered agent and title (Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PVST | <input type="checkbox"/> DELETE |
| NAME | THAYER, JERYL | |
| STREET ADDRESS | 1045 RIVERSIDE DR. | |
| CITY-ST-ZIP | PALMETTO FL 34221 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 408 27 ONE W |
| 1.4 CITY-ST-ZIP | BRADENTON 34205 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 800002331438-00 |
| 3.3 STREET ADDRESS | -10/28/97--01048--009 |
| 3.4 CITY-ST-ZIP | ***385.00 ***385.00 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | 800002331438-00 |
| 4.3 STREET ADDRESS | -10/28/97--01048--010 |
| 4.4 CITY-ST-ZIP | ***165.00 ***165.00 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 in an attachment with an address.

SIGNATURE: *Jeryl F. Thayer* **9/16/97 941-746418**

CR2E034 (4/97)