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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500006370 (7)

J. BRADLY HALL, D.M.D., P.A.

## FILED Feb 11 1998 8:00am Secretary of State



Drivettral Discount Drivings	A			.!
Principal Place of Business	Mailing Address			
11571 SAN JOSE BLVD JACKSONVILLE FL 32223	11571 SAN JOSE BLVD JACKSONVILLE FL 32223	1		
	WORDSHIPEL IE GELLO	•	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			01/20/1995	
2. Principal Place of Business	2a. Mailing Address	<b>A</b>	4. FEI Number	Applied For
21 77 16 SAN JOSE BOULEVARD		SE BLVb.	59-3303647	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7	5. Certificate of Status Desired	See Required
City & State	City & State		6. Election Campaign Financing A	10 \$5.00 May Be
23 JACKSONVINE, FLORIDA	28 JACKSONVILLE		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid	
24 32254 25 U.S.A		30 U.S.A.	Personal Property Tax due June 3	
9. Name and Address of Currer	nt Registered Agent	Od None	10. Name and Address of New Regi	stered Agent
MURPHY, ROBERT W		81 Name	IR. WM. BECKERLEC	<b>.</b>
32 10 NENDTHONS AVE, 2 82 Street Add			ess (P.) Box Number is Not Acceptable	5
JACKSONVILLE FL 32207		L 637	PARK ST.	
		83		
		84 City	- 446	B5 Zip Code
		\ \ \ <b>\ \</b> \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	CKSONVILLE,	
11. Pursuant to the provisions of Sections 607.050	02 and 607.1508, Florida Statute:	s, the above-named corp	poration submits this statement for the pur	pose of changing its registered
office or registered agent, or both, in the State agent. I am familiar hits end accept the oblig	jetions of, Section 607.0505, Flor	rida Statutes.	III A Company and the Company	ine appointment as registered
SIGNATURE			NIDEROVEX	-
		Registered Agent signature require		DATE
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
NAME HALL, J B	☐ DELETÉ	1.1 TITLE		Change Addition
44E24 CAN ADOC DILAD		1.2 NAME		
IACKSONIALIE EL 20000		1.3 STREET ADDRESS		
	DELETE	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	E Devere	2.4 CITY-ST-ZIP		
TITLE	<b>∐</b> DEL <b>€TE</b>	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	] DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	5.4 CITY - ST - ZIP		
TITLE	DELETE	6.1 TITLE	-	Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CiTY-ST-ZIP		
14. hereby certify that the information supplied w	ith this filing does not qualify for	the exemption stated in 5	Section 119.07(3)(i), Florida Statutes. I fur	ther 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 affective with an address.