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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

## **FILED** Mar 05 1998 8:00am Secretary of State

1. Corporation	NA FLEET DRIVERS INC.	740334 (3)		1 134 1141 115 14131 CHIN 2414 E214 2414 6414	Diğia dişba əkind əkki bidi adal
Principal Plac	e of Business	Mailing Address		n tabitaba sid shidt acute ansist anger antes anoth	81818 21186 11188 11111 2181 1281
4414 N. CORTEZ AVENUE P O BOX 271344					
TAMPA FL 33614 TAMPA FL 33688				DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualified	IO SI AOL
				06/09/1995	
2, Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 441	4 N Cortez AUE	26 P 6 B 0	X 271344	59-3294299	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22 TAMPA, F/ 27				a. Certificate of otatos Desireo	Fee Required
City & State City & State			1-1 . 1	6. Election Campaign Financing	<b>\$5.00</b> May Be
23 Florida 28 TAMPL			Florida	Trust Fund Contribution	Added to Fees
Zip 24 3 3	Country	zip 29 33686 3	Country	8. This corporation owes or has paid the	
24 33	9. Name and Address of Current Re		ol Hills burough	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
ALA	EXANDER, WILLIAM O.	giotorou rigorii	81 Name	10. Hallo and Regions of How Hogiston	ou rigoin
44000 AL DADE MARDY			(0.00)		
TAMPA FL 33618			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
170	W X 1 E 000 10		83		
			84 City	F	35 Zip Code
	to the provisions of Sections 607.0502 are egistered agent, or both, in the State of F m familiar with, and accept the obligation	nd 607.1508, Florida Statutes forida. Such change was aut ns of, Section 607.0505, Florid	, the above-named corp thorized by the corporati da Stalutes.	oration submits this statement for the purpos on's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable (NOTE F	Registered Agent signature require	ed when reinstating) DAT	E
12.	OFFICERS AND DE		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	V	DELETE	1.1 TITLE		Change Addition
NAME	NORTHRUP, MARCEILA		1.2 NAME		
STREET ADDRESS	12169 ARMENIA GABLES CIR. N.	•	1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33612	T of the	1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	NORTHRUP, MICHILE		2.2 NAME		
STREET ADORESS	11312 ORANGE GR. DR.		2.3 STREET ADDRESS		
CITY:\$1-ZIP	MAMPA FL 33618	☐ DELÉTE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME NAME	NORTHRUP, BARBARA	L. DELEIL	3.1 TILE 3.2 NAME		Change C Worldon
STREET ADDRESS	11312 ORANGE GR. DR.		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		3.4. CITY - ST - ZIP		
TITLE	GAMI UIF AONIA	DELETE	3.4. CHY-SI-ZIP 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			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		1
				2 1/ 4/0 07/01/0 Et 11 0/ 4/ 4/ 4/	

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 organ attachment with an address.