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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90127 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000053984

1. Corporation Name
S.O.S. DRIVERS, INC.

Principal Place of Business 1035 HIGHLAND AVE NE LARGO FL 33770 US	Mailing Address 1035 HIGHLAND AVE NE LARGO FL 33770 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3298 21ST Ave. S.W. Suite, Apt. #, etc. NA City & State 23 LARGO, FL. Zip 24 33774 Country 25 USA		2a. Mailing Address 26 3298 21st Ave. S.W. Suite, Apt. #, etc. NA" City & State 28 LARGO, FL. Zip 29 33774 Country 30 USA		3. Date Incorporated or Qualified 07/12/1995	4. FEI Number 59-3324465	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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent COOK, HOWARD 1035 HIGHLAND AVE NE LARGO FL 33770		10. Name and Address of New Registered Agent 81 Name HOWARD COOK 82 Street Address (P.O. Box Number is Not Acceptable) 83 3298 21ST Ave. S.W. 84 City LARGO 85 Zip Code FL 33774	
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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 Howard Cook DATE 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE PDS GROOMS, DAWN T 7501 142ND AVE N, #F387 LARGO FL <input checked="" type="checkbox"/> DELETE VPT COOK, HOWARD 1035 HIGHLAND AVE NE LARGO FL <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PDS GROOMS, DAWN T 3298 21ST Ave. S.W. LARGO, FL. 33774 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPT Howard Cook 3298 21ST Ave. S.W. Largo, Fl. 33774 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD COOK Howard Cook 4-27-99 (727) 585-7441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0419163

CR2E034 (11/98)