## 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

DOCUMENT # P95000057596 (5)

COMMERCIAL DRIVER TESTING SERVICES, INC.

APPROYED AND FILED

1997 AUG 15 AM 9: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address 13540 GRANVILLE AVENUE 13540 GRANVILLE AVENUE CLERMONT FL 34711 CLERMONT FL 34711 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 08/01/1995 03/26/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3329260 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ri GUSHEA, JOHN R GusHEA Tohn 13540 GRANVILLE AVENUE 82 Address (P.O. Box Number is Not Acceptable) **CLERMONT FL 34711** Eve Drive 83 Montuerde action submits 84 Zip Code 34756 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 objugations of Section 607.0505, Florida Statutes. 7-24-47 John IT GUSHBA **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE istered agent and lifte if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TO LE Change Addition 700002260047--08/06/97--01115--014 \*\*\*\*\*165.00 \*\*\*\*\*165.0 **GUSHEA, JOHN R** NAME 1.2 NAME 17420 EVE DRIVE STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*165.00 **MONTVERDE FL 34756** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE GUSHEA, LEIGH B NAME 2.2 NAME 17420 EVE DRIVE STREET ADDRESS 2.3 STREET ADDRESS **MONTVERDE FL 34756** CITY-ST-ZIP 2.4 CITY-ST-7IP DELETE Addition TILE Change 31 THEE AME 3.2 NAME TREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS SCC 8-6-97 CITY-ST-ZIP 6.4 CiTY-ST-ZIP

14. Ido 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 a attachment with an address.

7. 24.97