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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000005944 (9)

1. Corporation Name  
JMO DRIVE SERVICE, INC.



Principal Place of Business

4221 NW 88TH TERRACE  
GAINESVILLE FL 32606

Mailing Address

1221 NW 88TH TERRACE  
GAINESVILLE FL 32608-0019

3. Date Incorporated or Qualified 01/19/1996	3a. Date of Last Report 1/19/1996
4. FEI Number 59-3420828	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3870 SAN REMO DR. Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE FL Zip Country 24 32217 25 USA	2a. Mailing Address 26 P.O. BOX 56501 Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE FL Zip Country 29 32241 30 USA
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9. Name and Address of Current Registered Agent

O'REILLY, JOSE A  
1221 NW 88TH TERRACE  
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

81 Name RAYMOND T. STRICKLAND	85 Zip Code 32217
82 Street Address (P.O. Box Number is Not Acceptable) 3870 SAN REMO DR.	
83	
84 City JACKSONVILLE FL	

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 Raymond T. Strickland RAYMOND T. STRICKLAND 1/1/97  
Signature and 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	PTD O'REILLY, JOSE A 1221 NW 88TH TERRACE GAINESVILLE FL 32608 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT RAYMOND T. STRICKLAND 3870 SAN REMO DR. JACKSONVILLE FL 32217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O'REILLY, MARIBEL 1221 NW 88TH TERRACE GAINESVILLE FL 32608 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT MARION T. STRICKLAND 3870 SAN REMO DR. JACKSONVILLE FL 32217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECRETARY AMY K OSTERMAN 10357 ELDERBERRY DR. SOUTH JACKSONVILLE FL 32257 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address.

SIGNATURE: Raymond T. Strickland RAYMOND T. STRICKLAND 1/1/97 (904) 731-2779  
Signature and typed or printed name of signing officer or director Date Daytime Phone \*

CR2E034 (9/96)