FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600020113

1. Corporation Name

D.C. DRIVES OF CENTRAL FLORIDA INC

D.O. DIII	VES OF CENTRAL FEORIOR	, INO								
Principal Place of Business Mailing Address						. 108:100: 112 121:0 21:11 48:11 4)III 48111 48114 III			
215A FAULKENBURG RD 215A FAULDENBURG RD TAMPA FL 33619 US US						DO NOT WR	ITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed	i			
5 David-1D	Land Davis and	2a. Mailing Address				03/04/1996 4. FEI Number		$\neg \tau$	Δnn	lied For
						65-0656709		Not Applicable		
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						T T T T T T T T T T T T T T T T T T T		\$8.75 Additional		
27						5. Certifcate of Status Desired		Fe	e Rec	uired
City & State City & State						6. Election Campaign Financing				/lay Be
23	28			Trust Fund Contribution Added					Fees	
Zíp ─	Country Zip Cou			/		8. This corporation owes the cut		ngible Yes		⊒No
24	9. Name and Address of Curren	29 30	<u>}</u>			Personal Property Tax. 10. Name and Address of New				
	s. Name and Address of Curren	t Kegisteren Agent	81	N	ame		rtogia autour	90111		
Kuba, Jeffrey				▙			1-1-1-1			
301 HUTCH COURT			82	S	treet Addre	ss (P.O. Box Number is Not Accep	.abie)			
BRANDON FL 33511			83	83				-	~~ ·~.	<u></u>
			84	10	ity		FL	85	Zìp C	ode
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was auth	iorized by	' the	med corpo corporation	ration submits this statement for the i's board of directors. I hereby acce	e purpose of c	hangin tment a	g its reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: Re	egistered Age	nt sig	nature required	when reinstating)	DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS AN			
TITLE	D	☐ DELETE	1.1 TITLE		ĺ			☐ Cha	nge	Addition
NAME	FESPERMAN, JAMES C JR.		1.2 NAME	1.2 NAME						
STREET ADDRESS	E, GG OF WEST STATE		1.3 STREE	1.3 STREET ADDRESS						
CITY-ST-ZIP	BRANDON FL 33511			1.4 CITY-ST-ZIP						T A Jakes
TITLE	D	☐ DELETE	2.1 TITLE					Cha	nge	☐ Addition
NAME	CODA, CELLIE		2.2 NAME							
STREET ADDRESS	30111010111000111		1	2.3 STREET ADDRESS		• •	~~			
CITY-ST-ZIP	3,0 4,0 0,7,7 2 0,0 1,7			2. 4 CITY-ST-ZIP				Cha		Addition
TITLE	_		3.1 TITLE						iigo	☐ Accident
NAME			3.2 NAME	3.3 STREET ADDRESS						
STREET ADDRESS			1		ì					1
CITY-ST-ZIP			3.4. CITY-ST-ZIP					Cha	nge	Addition
TITLE NAME				4.2 NAME					•	
STREET ADDRESS			4.3 STREE		ORESS					i
CITY-ST-ZIP					{					,
TITLE			5.1 TITLE	4.4 CfTY-ST-ZfP 5.1 TITLE				☐ Cha	inge	☐ Addition
NAME			5.2 NAME		}					
STREET ADDRESS			5.3 STREE	T ADI	ORESS	·				
CITY-ST-ZIP			5.4 CITY-S	ST- ZIF	,					
TITLE		☐ DELETE	6.1 TITLE		1			Cha	nge	Addition
NAME	}		6.2 NAME							
	1		63 STREE	T ADI	DRESS!					

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.

6.4 CITY-ST-ZIP

SIGNATURE: