

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

FILED  
Jul 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000004136 (2)

1. Corporation Name

FLORIDA TRAFFIC AND SAFETY SCHOOL, INC.



Principal Place of Business

Mailing Address

4625 E BAY DR  
SUITE 113  
CLEARWATER FL 34624

4625 E BAY DR  
SUITE 113  
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

59-3430173

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 12600 S BEULCHER

Suite, Apt. #, etc.

22 105 A

City & State

23 CLEARCO FL

Zip

24 33773

Country

25 USA

2a. Mailing Address

26 12600 S BEULCHER RD

Suite, Apt. #, etc.

27 105 A

City & State

28 CLEARCO FL

Zip

29 33773

Country

30 USA

9. Name and Address of Current Registered Agent

ELLIOTT, BARBARA N  
4625 E BAY DR  
SUITE 113  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4350 GOLF COURSE LN

83

84 City

Tampa

FL

85 Zip Code

33634

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ELLIOTT, BARBARA N  
STREET ADDRESS 3403 ELLENWOOD LN  
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ DELETE

NAME OLIVER, GLORIA N  
STREET ADDRESS 3403 ELLENWOOD LN  
CITY-ST-ZIP TAMPA FL 33618

TITLE ☒ DELETE

NAME PALMER, GARY L  
STREET ADDRESS 17800 SW 3RD ST  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4350 GOLF COURSE LN  
TAMPA FL 33634

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4350 GOLF COURSE LN  
TAMPA FL 33634

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002583273

-07/08/98--01077--021

\*\*\*150.00

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, on an attachment with an address.

CR2E034 (10/97)