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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000014717 (7) DOCUMENT #

DRIVERS & HAULERS, INC.

Principal Place of Business

Mailing Address

## **FILED** May 13 1998 8:00am Secretary of State



<b>JACKSONVILL</b>	GE CIRCLE WEST	JACKSONVILLE FL 32225	MES!		
PHONOCHIEL	£ FC 32223	PHONODITIES IS 02223		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 02/10/1997	
	ace of Business	2a. Mailing Address	2. 25.44	4. FEI Number	Applied For
21		28 105 Office:	Box 350365	59-3434966	Not Applicable
Suite, Apt. ( 22	V, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1	7 lly & State	Ti (,	6. Election Campaign Financing	\$5.00 May Be
23		28 Jacksonville	tlorida	Trust Fund Contribution	Added to Fees
ZIP	Country	Zip	Country	6. This corporation owes or has paid the cu	
24	25		30		∐ Yes ∐ No
-	9. Name and Address of Currer EV. DAMP. U.	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
	EK, DAVID H	•	Traille		
1301 RIVERPLACE BLVD., STE. 1609 JACKSONVILLE FL 32207			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
JAI	UNSUNVILLE PL 32207		83		<del> </del>
			63		
			84 City	FL	85 Zip Code
44 6					
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such change was at	uthorized by the corporati	coration submits this statement for the purpose of ion's board of directors, I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered ag-	not and title if applicable (NOTE	Registered Agent signature require	red when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGARTY, RAYMOND		1.2 NAME		
STREET ADDRESS	1138 FROMAGE CIRCLE WE	ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	Kritzman, leslie g		2.2 NAME		
STREET ADDRESS	1138 FROMAGE CIRCLE WE	ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville FL 32225		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied v	ith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further or the shall have the same legal effect as if made u	certify that the information
officer or of Block 12 of	on this annual report or supplement director of the corporation or the rec or Block 13 if changedor of an atta	at annual report is true and accu eiver or trustee empowered to e schment with an address.	rate and that my signatu xecute this report as requ	re shall have the same legal effect as it made u uired by Chapter 607, Florida Statutes; and that	my name appears in

4.29.98

904 996-0671