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May 07 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 # P97000017084

1. Corporation Name

A Drive Computers, INC.

Principal Place of Business | Mailing Address

1015 Wilderland Dr. JACKSONVILLE, FL. 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-24-97

4. FEI Number: 59-3438556 ☐ 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 1015 Wilderland Dr.

Suite, Apt # etc

22

City & State

23 JACKSONVILLE, FL.

Zip | Country

24 32225 | 25 DUVAL

2a. Mailing Address

26 1015 Wilderland Dr.

Suite, Apt. #, etc.

27 ʃ

City & State

28 JACKSONVILLE, FL.

Zip | Country

29 32225 | 30 DUVAL

9. Name and Address of Current Registered Agent

A. Keith O'Neal
1015 Wilderland Dr.
JACKSONVILLE, FL. 32225

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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 A. Keith O'Neal DATE 4-28-98

Signature, typed or 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	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	A. Keith O'Neal		1.2 NAME		
STREET ADDRESS	1015 Wilderland Dr.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL. 32225		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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		LS
CITY-ST-ZIP			5.4 CITY-ST-ZIP		5.7
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	500002520895	
STREET ADDRESS			6.3 STREET ADDRESS	-05/12/98--01088--048	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

CR2E034 (10/97)

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.

SIGNATURE: A. Keith O'Neal President 4-28-98 (904) 221-5261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #