

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

FILED

Apr 20 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021367 (2)
1. Corporation Name
AMERICAN TRUCK DRIVER TRAINING CENTER, INC.

Principal Place of Business 865 THOMPSON NURSERY ROAD LAKE WALES FL 33853	Mailing Address 865 THOMPSON NURSERY ROAD LAKE WALES FL 33853
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3432776		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRESHAM, GREGORY L 918A DREW STREET CLEARWATER FL 34615		10. Name and Address of New Registered Agent 81 Name CHARLES S. HENRY 82 Street Address (P.O. Box Number is Not Acceptable) 965 Thompson Nursery Rd. 83 84 City LAKE WALES FL 85 Zip Code 33853	
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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 CHARLES S. HENRY DATE 4/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HENRY, CHARLES S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	965 THOMPSON NURSERY ROAD	1.2 NAME	
STREET ADDRESS	LAKE WALES FL 33853	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BELIVEAU, STEPHAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	965 THOMPSON NURSERY ROAD	2.2 NAME	
STREET ADDRESS	LAKE WALES FL 33853	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TERESI, AUGUST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	965 THOMPSON NURSERY ROAD	3.2 NAME	
STREET ADDRESS	LAKE WALES FL 33853	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GARCIA, MANUEL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	965 THOMPSON NURSERY ROAD	4.2 NAME	
STREET ADDRESS	LAKE WALES FL 33853	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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; 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: 4/14/98 941-676-8937

CR2E034 (10/97)