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

PROFIT FLORIDA DEPARTMENT OF STATE FILED SECRETARY OF STATE ISION OF CORPORATIONS **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 JUN 29 AM 8: 29 DOCUMENT # P97000025794 (3) DRIVE ALERT, INC. Principal Place of Business Mailing Address 302 PALM DRIVE 302 PALM DRIVE SUITE 103 SUITE 103 DO NOT WRITE IN THIS SPACE PLANT CITY FL 33566 PLANT CITY FL 33566 3. Date Incorporated or Qualified 03/21/1997 2. Principal Place of Business 2a. Maring Address Applied For Not Applicable 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country This corporation owes or has paid the urre/il year Intangible □ No Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIS, JODY 302 PALM DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 103 83 PLANT CUTY FL 33566 84 City 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. Floreby accept the appointment as registered agent, i am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Stgnature, type-died printed name of regulational age of and title if applicable CR2E034 (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 111006 ☐ Change ☐ Addition TITLE NAME WILLIS, JODY 1.2 NAME -07/10/98--**01**084--004 STREET ADDRESS **30**2 Palm Dr. Ste 103 1.3 STREET ADDRESS \*\*\*\*150.00 \*\*\*\*150.00 PLANT CITY FL 33566 CITY-ST-ZIP 1.4 C(1Y - ST - 7)P Addition DELETE Change TITLE 2.1 1111,8 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS DITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THEE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-7# DELETE Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP 14. Thereby certify that the information supplied with this filling 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 composition of the receiver or trustoe 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, going an attachment with an address.

23

92