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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047088 (4)

BUCCANEER DRIVING SERVICE, INC.

FILED Apr 22 1998 8:00am Secretary of State

U/1-108 (812) 41.1-0000

| Principal Place of Business Mailing Address | | | | | · · - · · · · · · · · · · · · · · · · · | | | - | |
|---|----------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|--|-----------------|--|---|--|
| 1372 SLEEPY HOLLOW COURT | | | 1372 SL | 1372 SLEEPY HOLLOW COURT | | | | } | |
| DUNEDIN F | | | DUNEDIN FL 34698 | | | | 50 1107 1170175 11 7 110 40 10 5 | | |
| | | | | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
| | | | | | | | | 05/27/1997 | |
| 2. Principa | Place of Busines | S | 2a. Mailir | 2a. Mailing Address | | | | 4. FEI Number Applied For | |
| 21 | | 1-7 | 26 | | | | 59-3451336 Not Applicable | | |
| | ot. #, etc. | · · · · · · · · · · · · · · · · · · · | | Suite, Apt. #, etc. | | | | \$9.75 Additional | |
| 22 | | | 27 | 27 | | | | 5. Certificate of Status Desired Fee Required | |
| City & SI | tate | | City & | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | | 28 | · · · · · · · · · · · · · · · · · · · | | | | Trust Fund Contribution Added to Fees | |
| Zip | <u></u> | | <u></u> | ¬ | | try | e. This corporation over of has paid the content year manigible | | |
| 24 | 25 25 Name and Address of Curren | | 29 | | | | Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent | | |
| | | | | | | | to, realing alto Address of New Hogisteled Agent | | |
| HOGAN, DARRELL W 1372 S LEEPY HOLLOW COURT | | | | | <u> </u> | | | | |
| | SIZ QUEEFI INC XUNEDIN FL 346 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | CHEDIN I E OTC | | | 8 | 3 | | | | |
| | | | | | | _ | | | |
| | | | | | 8 | 4 | City FL 85 Zip Code | | |
| 11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the pursose of changing its registered | | | | | | | | | |
| office or registered agont, 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. | | | | | | | | | |
| SIQNATURE | | | | | | | | | |
| Signature, typed or printed name of registured agost and tric if applicable (NOTE: Registered Agost signature required when reinstalling) DATE | | | | | | | | | |
| TITLE | T <u>D</u> | OFFICERS A | ND DIRECTORS | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | HOGAN, DARRELL W | | | 1.2 NA | | | | Citalite T Madition | |
| STREET ADDRES | | PY HOLLOW CO | LIRT | | | | vuvocee | | |
| CITY-ST-ZIP | DUNEDIN F | OI() | 1.3 STREET ADD 1.4 CITY - ST - ZI | | | | | | |
| TITLE | 30,120,111 | <u> </u> | | DELETE 2.1 TI | | | - 211 | Change Addition | |
| NAME | | | | 2.2 NA | | ŧE | | - | |
| STREET ADDRES | REET ADDRESS | | | 2.3 | | | ADDRESS | | |
| CITY-ST-ZIP | | | | | | r - Z (P | | | |
| TITLE | | | | DELETE 3. | | 3.1 TITLE | | Change Addition | |
| NAME | | | | 3.2 NAN | | E | | | |
| STREET ADDRESS | | | | 3.3 STREET AD | | | ADDRESS | | |
| CITY+ST-ZIP | | | | | 3.4. CITY | | I - ZIP | | |
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| NAME | | | | | 4. 2 NAN | | | | |
| STREET ADDRESS | s | | | | | | ADDRESS | | |
| CITY+ST-ZIP | | | | DECETE | 4.4 CITY | | - ZIP | | |
| TITLE | | | | L_) DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME STREET ADDROGS | | | | | 5.2 NAM | | 000100 | | |
| STREET ADDRESS | ° | | | | 5.3 STRE | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 5.4 CITY 6.1 TITLE | | -214 | Change Addition | |
| NAME | | | | | 6.2 NAM | | | ב סיונות בי השטווטו | |
| STREET ADDRESS | s | | | | 6.3 STRE | | IODRESS | | |
| CITY-ST-ZIP | 3 | | | | 6.4 CITY | | | | |
| 14. hereby | y cerlify that the in | formation supplied | with this filing do | oes not qualify f | or the exen | nptie | on stated in S | Section 119.07(3)(i), Florida Statutes. I further certify that the information | |
| Indicate | ed on this annual r | eport or supplemen | ntal annual repor | t is true and acc | curate and I | that | t my signature | e shall have the same legal effect as if made under oath; that I am an ired by Chapter 607, Florida Statutes; and that my name appears in | |
| | | anged, or on an at | | | | _ , (| o ao roqui | | |