

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

FILED  
May 19 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 # P97000053797 (1)

1. Corporation Name

VALCOM DRIVER LEASING, INC.

Principal Place of Business

345 SEMINOLE RD.  
ATLANTIC BEACH FL 32233

Mailing Address

345 SEMINOLE RD.  
ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1997

4. FEI Number

59-3452583

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

21 535 ATLANTIC BLVD.

Suite, Apt. #, etc.

22 L-3

City & State

23 ATLANTIC BEACH, FL

Zip

24 32233

Country

25 USA

2a. Mailing Address

26 P.O. Box 330378

Suite, Apt. #, etc.

27

City & State

28 ATLANTIC BEACH, FL

Zip

29 32233-0378

Country

30 USA

9. Name and Address of Current Registered Agent

PATTERSON, LAWRENCE R  
3010 S. 3RD ST.  
JACKSONVILLE BEACH FL 32250

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DEBUTY, SCOT  
STREET ADDRESS 345 SEMINOLE RD.  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ DELETE

NAME MOORE, SUSAN L  
STREET ADDRESS 345 SEMINOLE RD.  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE VP ☐ DELETE

NAME James B. Moore  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME Dianne M. DeButy  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director ☒ Change ☐ Addition

1.2 NAME DeButy, Scot  
1.3 STREET ADDRESS 535 Atlantic Blvd., L-3  
1.4 CITY-ST-ZIP Atlantic Beach, FL 32233

2.1 TITLE Director, Treasurer ☒ Change ☐ Addition

2.2 NAME Moore, Susan L.  
2.3 STREET ADDRESS 535 Atlantic Blvd., L-3  
2.4 CITY-ST-ZIP Atlantic Beach, FL 32233

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME Moore, James B.  
3.3 STREET ADDRESS 535 Atlantic Blvd, L-3  
3.4 CITY-ST-ZIP Atlantic Beach, FL 32233

4.1 TITLE Secretary ☐ Change ☒ Addition

4.2 NAME DeButy, Dianne  
4.3 STREET ADDRESS 535 Atlantic Blvd., L-3  
4.4 CITY-ST-ZIP Atlantic Beach, FL 32233

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 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:

*[Signature]*

11/29/98

604-242-0073

CR2E034 (10/97)