

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90135 024 ***150.00

DOCUMENT # P97000088876

1. Corporation Name

ROADRUNNER DEFENSIVE DRIVING SCHOOL, INC.



Principal Place of Business

1887 S 14TH ST
107
FERNANDINA BCH FL 32034
US

Mailing Address

1887 S 14TH ST
107
FERNANDINA BEACH FL 32034
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1997

4. FEI Number

59-3476435

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 200 McClure Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 200 McClure Dr.
Suite, Apt. #, etc.

22 City & State

23 Gulf Breeze, FL

24 32561 25 US

27 City & State

28 Gulf Breeze, FL

29 32561 30 US

9. Name and Address of Current Registered Agent

BROUGHTON, DEBORAH M
1887 S 14TH ST
STE 107
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

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

83 200 McClure Dr.

84 City Gulf Breeze

FL 85 Zip Code 32561

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

4-14-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TAYLOR, A A
STREET ADDRESS 422 FT PICKENS RD
CITY-ST-ZIP PENSACOLA BCH FL 32561

TITLE VD ☐ DELETE

NAME BROUGHTON, D B
STREET ADDRESS 5336 FLORENCE POINT DR
CITY-ST-ZIP FERNANDINA BCH FL 32034

TITLE SD ☒ DELETE

NAME GROUGHTON, D M
STREET ADDRESS 5336 FLORENCE POINT DR
CITY-ST-ZIP FERNANDINA BCH FL 32034

TITLE TD ☐ DELETE

NAME TAYLOR, J J
STREET ADDRESS 422 FT PICKENS RD
CITY-ST-ZIP PENSACOLA BCH FL 32561

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: John Taylor 4-14-99 850-934-7181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)