07221999-90013-024-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Jul 22, 1999 8:00 am
Secretary of State
07-22-1999 90013 024 ***150.00

DOCUMENT # P98000060824

1. Corporation Name
GOLDEN DRIVER SERVICE, INC.

Principal Place of Business	Mailing Address
~~2184 HIDDEN DRIVE, WEST~~ ~~GREEN COVE SPRINGS FL 32043~~	~~2184 HIDDEN DRIVE, WEST~~ ~~GREEN COVE SPRINGS FL 32043~~ 410 Roberts Circle Green Cove Spring Fl.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1998

2. Principal Place of Business	2a. Mailing Address
21 410 Roberts circle	26 410 Roberts Circle
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Green Cove Springs Fl	City & State 28 Green Cove Spring Fl.
Zip 24 32043 Country 25 Clay	Zip 29 32043 County 30 Clay

4. FEI Number: 59-3531714 ☐ 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

9. Name and Address of Current Registered Agent

~~GOLDEN, WILLIAM H~~
~~2184 HIDDEN DRIVE, WEST~~
~~GREEN COVE SPRINGS FL 32043~~

10. Name and Address of New Registered Agent

81 Name: William H. Golden
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: Green Cove Spring Fl. ~~FL~~ 85 Zip Code: 32043

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: William H. Golden — 7-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	~~GOLDEN, WILLIAM H~~		1.2 NAME	Wm. H Golden	
STREET ADDRESS	~~2184 HIDDEN DRIVE, WEST~~		1.3 STREET ADDRESS	410 Roberts Circle	
CITY-ST-ZIP	~~GREEN COVE SPRINGS FL 32043~~		1.4 CITY-ST-ZIP	Green Cove Spring Fl. 32043	
TITLE		☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME			2.2 NAME	William H. Golden	
STREET ADDRESS			2.3 STREET ADDRESS	410 Robert Circle	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Green Cove Spring Fl. 32043	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 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: William H. Golden **REQUIRED** — 7-14-99 — (904) 284-0653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)