


FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90228 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000104716

1. Corporation Name

PROGRESSIVE DRIVER SERVICES OF JACKSONVILLE, INC

Principal Place of Business
 2000 CORPORATE SQUARE BLVD.
 JACKSONVILLE FL 32218

Mailing Address
 P.O. BOX 17775
 JACKSONVILLE FL 32245



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1998	
21		28		4. FEI Number 59-3546759	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country			
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent

FAWBUSH, ANDREW J
50 N. LAURA ST., SUITE 2800
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/PRES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, DOUG	1.2 NAME	HARMON DOUG
STREET ADDRESS	3938 DUVAL DRIVE	1.3 STREET ADDRESS	3061 South Ponte Vedra Boulevard
CITY-ST-ZIP	JACKSONVILLE FL 32219	1.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	WHALEY, GARLAND G	2.2 NAME	
STREET ADDRESS	9386 JONES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRITZMAN, LESUE G	3.2 NAME	KRITZMAN, LESLIE G.
STREET ADDRESS	1138 FROMAGE CIRCLE WEST	3.3 STREET ADDRESS	11142-RIFLE RUN ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32225	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HARTE, JOHN R	4.2 NAME	
STREET ADDRESS	2152 SPINNING WHEEL LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45244	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LEE, ROBERT R	5.2 NAME	
STREET ADDRESS	1933 SEMINOLE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D/SR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, LINDA L	6.2 NAME	HARMON, LINDA L
STREET ADDRESS	3938 DUVAL DRIVE	6.3 STREET ADDRESS	3061 South Ponte Vedra Boulevard
CITY-ST-ZIP	JACKSONVILLE FL 32250	6.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082

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:

Leslie G. Kritzman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

904-724-2864

Daytime Phone #

CR2E034 (11/98)