2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P98000104716

Entity Name: PROGRESSIVE DRIVER SERVICES OF JACKSONVILLE, INC.

Current Principal Place of Business:

2000 CORPORATE SQUARE BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

1905 CORPORATE SQUARE BLVD.
JACKSONVILLE, FL 32216

Current Mailing Address:

P.O. BOX 17775
JACKSONVILLE, FL 32245

New Mailing Address:

FEI Number: 59-3546759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HARMON, DOUG
Address: 8246 RIDING CLUB RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD ( ) Delete
Name: WHALEY, GARLAND G
Address: 9386 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: KRITZMAN, LESLIE G
Address: 11142 RIFLE RUN RD.
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: HIRTE, JOHN R
Address: 2152 SPINNING WHEEL LANE
City-St-Zip: CINCINNATI, OH 45244

Title: STD ( ) Delete
Name: HARMON, LINDA L
Address: 8246 RIDING CLUB RD.
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG HARMON DP 04/29/2004
Electronic Signature of Signing Officer or Director — Date