

3R)

DOCUMENT # P99000085415

1. Entity Name

ACADEMY OF DRIVER SAFETY, INC.

FILED

00 FEB 24 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800589



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1401 MARINER BLVD
SPRING HILL FL 34609

Mailing Address

1401 MARINER BLVD
SPRING HILL FL 34609-4641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593600530

Applied For

Not Applicable

Zip

34609-4641

Country

Zip

34609-4641

Country

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, DAVID J
14217 3RD ST
DADE CITY FL 33523

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STURGILL, EDWIN R	
STREET ADDRESS	P O BOX 3187	
CITY-ST-ZIP	SPRING HILL FL 34611	

TITLE	P/S	<input type="checkbox"/> Change
NAME	PRESIDENT / SECRETARY	
STREET ADDRESS	Sturgill, Edwin R	
CITY-ST-ZIP	PO BOX 3187 Spring Hill, FL 34611	

TITLE	D	<input type="checkbox"/> Delete
NAME	STURGILL, TERRI L	
STREET ADDRESS	P O BOX 3187	
CITY-ST-ZIP	SPRING HILL FL 34611	

TITLE	V/P	<input type="checkbox"/> Change
NAME	V. PRES / TREASURER	
STREET ADDRESS	Sturgill, Terri L	
CITY-ST-ZIP	PO BOX 3187 Spring Hill, FL 34611	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/2000

Date

352.666.8506

Daytime Phone #