FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 28 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S06149** **(6)**

1. Corporation Name
DRIVE THRU, INC.

Principal Place of Business	Mailing Address
15201 ROOSEVELT BLVD #103 CLEARWATER FL 34620	15201 ROOSEVELT BLVD #103 CLEARWATER FL 34620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1990
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 2430 ESTANCIA BLVD	26 2430 ESTANCIA BLVD.
Suite, Apt. #, etc. 22 SUITE 106	Suite, Apt. #, etc. 27 SUITE 106
City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL.
Zip 24 34621 County 25 PINELLAS	Zip 29 34621 County 30 PINELLAS

4. FEI Number: 59-3121086 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIDSON, MARION ~~15201 ROOSEVELT BLVD. 103~~ ~~CLEARWATER FL 34620~~	01 Name: DAVIDSON, MARION 02 Street Address (P.O. Box Number is Not Acceptable): 2430 ESTANCIA BLVD. 03 SUITE 106 04 City: CLEARWATER FL 05 Zip Code: 34621

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~V~~	11 TITLE	☐ Change ☐ Addition
NAME	~~YANCHAR, ROLLIN~~	12 NAME	
STREET ADDRESS	~~15201 ROOSEVELT BLVD 103~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~CLEARWATER FL~~	14 CITY-ST-ZIP	
TITLE	DPS	21 TITLE	DPS ☒ Change ☐ Addition
NAME	DAVIDSON, MARION	22 NAME	DAVIDSON, MARION
STREET ADDRESS	1521 ROOSEVELT BLVD 103	23 STREET ADDRESS	2430 ESTANCIA BLVD #106
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	CLEARWATER, FL. 34621
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Marion Davidson, Pres. 4-20-95 (813) 799-9972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARION DAVIDSON

0997244 CP