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 27 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S17328** **(3)**

1. Corporation Name
FLORIDA DRIVER IMPROVEMENT SCHOOL, INC.

Principal Place of Business	Mailing Address
625 CASSAT AVE STE 105 JACKSONVILLE FL 32205 US	625 CASSAT AVE STE 105 JACKSONVILLE FL 32205 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/10/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-3044540** ☐ 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

9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WRIGHT, DAVID A.
2740 LEXINGTON DRIVE
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

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	DP	11 TITLE	☐ Change ☐ Addition
NAME	PARRISH, EDWARD	12 NAME	
STREET ADDRESS	208 BLAIRMORE WEST	13 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☑ Change ☐ Addition
NAME	MOORE, CHARLES	22 NAME	Delete this officer/director
STREET ADDRESS	1355 BELVEDERE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	DVS	31 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, DAVID A.	32 NAME	
STREET ADDRESS	2740 LEXINGTON DR	33 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, DAVID A.	42 NAME	
STREET ADDRESS	2740 LEXINGTON DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, LARRY T.	52 NAME	
STREET ADDRESS	7202 EUDINE DRIVE NORTH	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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: Larry T. Richardson Larry T. Richardson 4-24-95 904-388-9188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President

0014001 CP