FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

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

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualified: 12/10/1990
3a. Date of Last Report: 04/27/1995
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
8. 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

81 Name: Larry T. Richardson
82 Street Address (P.O. Box Number is Not Acceptable): 7202 Eudine Drive, North
83
84 City: Jacksonville FL 85 Zip Code: 32210

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 Larry T. Richardson, Vice-President April 18, 1996
Signature, typed or printed name of registered agent and title if applicable DATE
(Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	PARRISH, EDWARD	
STREET ADDRESS	208 BLAIRMORE WEST	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	DVS	☒ DELETE
NAME	WRIGHT, DAVID A.	
STREET ADDRESS	2740 LEXINGTON DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	T	☒ DELETE
NAME	WRIGHT, DAVID A.	
STREET ADDRESS	2740 LEXINGTON DRIVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	DV	☐ DELETE
NAME	RICHARDSON, LARRY T.	
STREET ADDRESS	7202 EUDINE DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	Edward Parrish	
1.3 STREET ADDRESS	625 Cassat Ave. Ste. #105	
1.4 CITY-ST-ZIP	Jacksonville, FL 32205	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DVT	☒ Change ☐ Addition
4.2 NAME	Larry T. Richardson	
4.3 STREET ADDRESS	7202 Eudine Drive, North	
4.4 CITY-ST-ZIP	Jacksonville, FL 32210	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: Edward Parrish, President 4-18-96 904-388-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)