

**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**



216165513

1. CORPORATION NAME:
Master's Driving School, Inc.

DUE DATE: 09/30/16

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
HENRY C DEVENING
1900 MEMORIAL AVE
PO BOX 900
LYNCHBURG, VA 24505

SCC ID NO.: 0644433-5

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
210-LYNCHBURG CITY

4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 115 LONGVIEW DRIVE	ADDRESS:
CITY/ST/ZIP MADISON HEIGHTS, VA 24572	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TONY LEE REYNOLDS TITLE: PRES/TREAS ADDRESS: 115 LONGVIEW DRIVE CITY/ST/ZIP: MADISON HEIGHTS, VA 24572	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

TL Reynolds
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Tony L. Reynolds
PRINTED NAME AND CORPORATE TITLE

11-2-2016
DATE

2016 ANNUAL REPORT CONTINUED

216165513--11/7/2016

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: DONNETTE R REYNOLDS TITLE: VICE PRESIDENT ADDRESS: 115 LONGVIEW DRIVE CITY/ST/ZIP: MADISON HEIGHTS, VA 24572</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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