


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90014 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N21569					
1. Corporation Name THE RIVER CITY DIRT RIDERS, INC.					
Principal Place of Business C/O ANDREW EWING 10832 PERCHERON DR. JACKSONVILLE FL 32257			Mailing Address C/O ANDREW EWING 10832 PERCHERON DR. JACKSONVILLE FL 32257		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/15/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KOEGLER, STEVEN C 217 PONTE VEDRA PARK DR. PONTE VEDRA FL 32082				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERIKSON, FRANK			1.2 NAME	Harry Masters		
STREET ADDRESS	12031 BEACH BLVD			1.3 STREET ADDRESS	6010 Winfred Masters Rd		
CITY-ST-ZIP	JACKSONVILLE FL 32246			1.4 CITY-ST-ZIP	Elkton FL 32033		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAPPLE, RICHARD J			2.2 NAME	Kirt Lynch		
STREET ADDRESS	3390 LAUREL GROVE N			2.3 STREET ADDRESS	55 N. Roscoe Blvd		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EWING, ANDREW I			3.2 NAME	Andrew Ewing III		
STREET ADDRESS	10832 PERCHERON DR.			3.3 STREET ADDRESS	10832 Percheron Dr		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	Jacksonville FL 32257		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Andrew Dickson		
STREET ADDRESS				4.3 STREET ADDRESS	5018 Mc Manus Dr		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Jacksonville FL 32210		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Andrew Ewing III 904-630-1579
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)