

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90089 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT



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

2002

DOCUMENT # **P97000038173 (5)**

1. Corporation Name
SOUTHERN-CYCLE, INC.

00000000



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
05/15/1997

4. FEI Number Applied F
 Not Appli

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May B Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Principal Place of Business: **12025-1 BEACH BLVD JACKSONVILLE FL 32246**

Mailing Address: **12025-1 BEACH BLVD JACKSONVILLE FL 32246**

2. Principal Place of Business

21. **1232 Blanding Blvd** 2n. Mailing Address **P.O. Box 16952**

22. **Suite #19** 27. **Orange Park, FL.**

23. **Orange Park, FL.** 28. **Jacksonville, FL.**

24. **32065** 25. **Clay** 29. **32245-6952** 30. **Duval**

9. Name and Address of Current Registered Agent

VEDAS, JON A
12025-1 BEACH BLVD
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name **Vedas, Jon A**

82 Street Address (P.O. Box Number is Not Acceptable) **1232 Blanding Blvd Suite #19**

83 **Orange Park**

84 City **Orange Park** 85 Zip Code **FL 32065**

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 agent 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 and, for myself and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **President** DATE **3-19-02**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	VSTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME	WEBER, TIMOTHY D	1.2 NAME	
STREET ADDRESS	2828 JEWELL RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32218	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME	VEDAS, JON A	2.2 NAME	
STREET ADDRESS	12025-1 BEACH BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32246	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> A
NAME		3.2 NAME	Vice President
STREET ADDRESS		3.3 STREET ADDRESS	Daniel Richard Sears
CITY - ST - ZIP		3.4 CITY - ST - ZIP	1685 Aletha Manor
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> A
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 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 this report with my address.