

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13061 (9)

1. Corporation Name

INROADS/JACKSONVILLE, INC.

Principal Place of Business

% VERDUN P. WOODS, JR.
6 EAST BAY, SUITE 350
JACKSONVILLE FL 32202

Mailing Address

% VERDUN P. WOODS, JR.
6 EAST BAY, SUITE 350
JACKSONVILLE FL 32202



3. Date Incorporated or Qualified
01/20/1986

3a. Date of Last Report
10/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODS, VERDUN P., JR.
6 EAST BAY, SUITE 350
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Verdun P. Woods, Jr.

Signature, typed or printed name of registered agent and title, if applicable

(If 11. Registered Agent Signature required when reinstating)

June 6, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **MITCHELL, JOHN A**
STREET ADDRESS **225 WATER ST 11TH FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **BROOME, YULEEN**
STREET ADDRESS **1563 ALFORD PLACE**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **YD**
2.3 STREET ADDRESS **Giles, John**
2.4 CITY-ST-ZIP **500 Water Street**
Jacksonville FL

TITLE **D** ☐ DELETE
NAME **KERINS, PAUL T**
STREET ADDRESS **100 LAURA ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **DAVIS, A DANO**
STREET ADDRESS **5050 EDGEWOOD CT.**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **MD** ☐ DELETE
NAME **WOODS, VERDUN P JR.**
STREET ADDRESS **6 EAST BAY, SUITE 350**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **60000186656**
5.3 STREET ADDRESS **-06/19/96--01033--016**
5.4 CITY-ST-ZIP *****61.25**

TITLE **D** ☒ DELETE
NAME **JOHNSON, BARRY L**
STREET ADDRESS **7301 BAYMEADOWS WAY**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **Kunkle, Gary**
6.4 CITY-ST-ZIP **PO Box 10157 U/A**
Jacksonville, FL

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

SIGNATURE:

Verdun P. Woods

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 6, 1996 (904) 358-3930

Date

Daytime Phone #

CR2E037 (12/95)

6-18-96