

**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 # **N21569** (1)  
1. Corporation Name  
**THE RIVER CITY DIRT RIDERS, INC.**



Principal Place of Business: **C/O RICHARD J. CHAPPLE, 3390 LAUREL GROVE NORTH, JACKSONVILLE FL 32223**  
Mailing Address: **C/O RICHARD J. CHAPPLE, 3390 LAUREL GROVE NORTH, JACKSONVILLE FL 32223**

3. Date Incorporated or Qualified: **07/15/1987**  
3a. Date of Last Report: **01/23/1995**  
4. FEI Number: **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

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)

9. Name and Address of Current Registered Agent  
**KOEGLER, STEVEN C.  
4348 SOUTHPOINT BLVD.  
SUITE 203  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent  
81 Name: **(same)**  
82 Street Address (P.O. Box Number is Not Acceptable): **10151 Deerwood Park Blvd**  
83 **Building 100, Suite 200**  
84 City: **Jacksonville** FL 85 Zip Code: **32256**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>P.D.</b>
NAME	<b>NICHOLS, ANDREW W.</b>	1.2 NAME	<b>FRANK ERIKSON</b>
STREET ADDRESS	<b>6137 HARLOW BLVD.</b>	1.3 STREET ADDRESS	<b>12031 DEACHT BLVD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32246</b>
TITLE	<b>VD</b>	2.1 TITLE	
NAME	<b>CHAPPLE, RICHARD J</b>	2.2 NAME	
STREET ADDRESS	<b>3390 LAUREL GROVE N</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	3.1 TITLE	
NAME	<b>EWING, ANDREW I</b>	3.2 NAME	
STREET ADDRESS	<b>10832 PERCHERON DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>300001730283</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>-03/04/96--01030--010</b>
TITLE		5.1 TITLE	<b>***61.25</b>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 supplements 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 a 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: **Andrew Ewing III** 2/23/96 904 630-1679  
DATE: \_\_\_\_\_ DAY-TIME PHONE: \_\_\_\_\_

CR2E037 (12/95)