


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21569 (1)
1. Corporation Name
THE RIVER CITY DIRT RIDERS, INC.

Principal Place of Business		Mailing Address	
C/O RICHARD J. CHAPPLE 3390 LAUREL GROVE NORTH JACKSONVILLE FL 32223		C/O RICHARD J. CHAPPLE 3390 LAUREL GROVE NORTH JACKSONVILLE FL 32223	
C/O Andrew Ewing		C/O Andrew Ewing	
2. Principal Place of Business	2a. Mailing Address	21	26
10832 Percheron Dr	10832 Percheron Dr.	Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27	23	28
City & State Jacksonville FL	City & State Jacksonville FL	Zip 32257	Country Duval
24	25	29	30
32257	Duval	32257	Duval

FILED
 97 NOV -3 AM 9:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT
 DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1987	3a. Date of Last Report 03/01/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KOEGLER, STEVEN C 10151 DEERWOOD PARK BLVD BUILDING 100, SUITE 200 JACKSONVILLE FL 32256		81 Name Koegler Steven C. 82 Street Address (P.O. Box Number is Not Acceptable) 217 Ponte Vedra Park Dr 83 84 City Ponte Vedra, FL 85 Zip Code 32082	

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 *[Signature]* **DATE** 10/5/97

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKSON, FRANK	1.2 NAME	
STREET ADDRESS	12031 BEACH BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32246	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPLE, RICHARD J	2.2 NAME	
STREET ADDRESS	3390 LAUREL GROVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	EWING, ANDREW I	3.2 NAME	
STREET ADDRESS	10832 PERCHERON DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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 236.25

14. I do 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.

SIGNATURE *[Signature]* **SIGNATURE REQUIRED** 10:30:07 904 630/1579

CR2E037 (4/97)