

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

FILED  
Sep 02 1997 8:00am  
Secretary of State

DOCUMENT # **N26621** (5)

1. Corporation Name

**REPLICAR CLUB OF JACKSONVILLE, INC.**



Principal Place of Business

Mailing Address

**C/O LAWRENCE R. RAUSCH  
7749 ARBLE DRIVE  
JACKSONVILLE FL 32211**

**C/O LAWRENCE R. RAUSCH  
7749 ARBLE DRIVE  
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/25/1988** 3a. Date of Last Report **07/26/1996**

4. FEI Number **59-2950680** Applied For ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAUSCH, LAWRENCE R.  
712 SOUTH EDGEWOOD AVENUE  
JACKSONVILLE FL 32205**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **MC MANUS, MIKE**  
STREET ADDRESS **8091 PIERRE DR**  
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **PD** ☐ Change ☐ Addition  
1.2 NAME **Mc Manus, Mike**  
1.3 STREET ADDRESS **8091 Pierre Dr. (D)**  
1.4 CITY-ST-ZIP **Jax, Fla.**

TITLE **V** ☐ DELETE  
NAME **PIEPER, JIM**  
STREET ADDRESS **992 WESLEY RD**  
CITY-ST-ZIP **GREENCOVE SPRINGS FL**

2.1 TITLE **V** ☐ Change ☐ Addition  
2.2 NAME **Pieper, Jim**  
2.3 STREET ADDRESS **992 Wesley Rd. (D)**  
2.4 CITY-ST-ZIP **Greencove Springs, Fla.**

TITLE **STD** ☐ DELETE  
NAME **MILLER, GAIL**  
STREET ADDRESS **7749 ARBLE DR.**  
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **STD** ☐ Change ☐ Addition  
3.2 NAME **Miller, Gail (D) CHANGE OF ADDRESS ONLY**  
3.3 STREET ADDRESS **RR 24 Box 93**  
3.4 CITY-ST-ZIP **Brandy Branch Rd.**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **Baldwin, Fla. 32234**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 REQUIRED

CR2E037 (4/97)