

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N26621

(5)

1. Corporation Name

REPLICAR CLUB OF JACKSONVILLE, INC.

FILED

98 OCT 20 AM 10:40

SECRETARY OF STATE



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

Box 324 Baldwin, FL 32234

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

05/25/1988

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCMANUS, MIKE  
STREET ADDRESS 8091 PIERRE DR  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE STD  
NAME MILLER, GAIL  
STREET ADDRESS RR 24, BOX 93 BRANDY BRANCH RD  
CITY-ST-ZIP BALDWIN FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Mike McManus  
1.3 STREET ADDRESS 8091 Pierre Dr  
1.4 CITY-ST-ZIP Jacksonville, FL

2.1 TITLE VD  
2.2 NAME Frank Abramson  
2.3 STREET ADDRESS 7146 Altama Rd  
2.4 CITY-ST-ZIP Jacksonville, FL 32216

3.1 TITLE STD  
3.2 NAME Gail Miller  
3.3 STREET ADDRESS RR 24 Box 93 Brandy Branch Rd  
3.4 CITY-ST-ZIP Baldwin, FL 32234

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

Gail Miller

9-11-98

Date

904-354-3620

Daytime Phone #

CR2E037 (5/98)