SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. 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				•	FILED	
DOCUMENT # N9300001017 (3)							CO JAN 28 AM 10: 13		
GYPSY RIDERS, INC.									
Principal Place of Business Mailing Address									
11701 CISCO JACKSONVILLI		11701 CISCO GARDEN ROAD JACKSONVILLE FL 32219					3. Date Incorporated or Qualified  02/26/1993  4. FEI Number Applied For  59-3186591 Not Applicable		
2. Principal P	Place of Busin	Ness	2a. Mailing Address					5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & Stat	te		City & State					7. Is this nonprofit corporation a homeowners association?  Yes No	
Zip 24		Country 25	Zip 29		30 Cot	intry		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		81	Name	10. Name and Address of New Registered Agent	
SMITH HULSEY & BUSEY 1800 FIRST UNION NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202						82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City F1 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, typed or printed name of registered agent and title if applicable. (NOTE: Begistered Agent signature required when reinstating)  DATE									
12.	Signature, typed	or printed name of registered agent a OFFICERS AND			13.	red A	gent signature i	aquired when reinstating) DATE  ADDITIONS'CHANGES TO OFFICERS AND DIRECTORS IN 12	
-	D Griner, D	CODELL D		DELETE 1.1				Change Addition	
	11701 CIS	CO GARDEN ROAD	1.2 NAME 1.3 STREE				ADDRESS	og o	
CITY-ST-ZIP TITLE	JACKSON VD	ALLE FL					Y-ST-ZIP GO NO 199		
NAME	WILKISON,			2:				REINSTATEMENT Change of Addition	
	JACKSON'		i i			2.3 STREET ADORESS 2.4 CITY-ST-ZIP		11001100	
	VD WILKISON,	DONNIE		DELETE 3.1 T			j.	Change Addition	
	8970 HIPP: JACKSON			3.3 ST 3.4 CI			ADORESS	9000027654194 -02/05/9901010005	
	PD	DELETE				*****61.25 *******61.25 Addition			
NAME	MEDLOCK			and the second s		4.2 NAME		9000027654194	
	7220 CAMFIELD STREET  JACKSONVILLE FL				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			****236.25 ****236.25	
TITLE	TD			DELETE	5.1 TI			Change Addition	
	ALTON CHOOS CAPORAL DOAD					ame Treet	ADORESS		
	JACKSONVILLE FL 5.4					TY-ST	r-zip		
TITLE NAME	D DELETE GRINER, BETTY J					6.1 TITLE 6.2 NAME		Change Addition	
STREET ADDRESS	LATAL GIGGO OLDOFU DOAD						ADDRESS		
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: SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR Date Date Daylore Phone #									