FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

* CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 30 AM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****310.00 ****155.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000003087 (3)

1. Corporation Name

MOPED OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1319 N MYRTLE AVE JACKSONVILLE FL 32209	1319 N MYRTLE AVE JACKSONVILLE FL 32209

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:
4. FEI Number: # Applied For / Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HARRIS, ELDER L~~
1319 N MYRTLE AVE
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name: Lee Harris
82 Street Address (P.O. Box Number is Not Acceptable): 1319 North Myrtle Ave
83
84 City: Jacksonville FL 85 Zip Code: 32209

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 5/30/95
(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	D	11 TITLE	D/P ☐ Change ☐ Addition
NAME	~~HARRIS, ELDER L~~	12 NAME	Lee Harris
STREET ADDRESS	1262 W 4TH ST	13 STREET ADDRESS	1262 west 4th Street
CITY ST ZIP	JACKSONVILLE FL 32209	14 CITY ST ZIP	Jacksonville, FL 32209
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GEE, BIRNETT	22 NAME	
STREET ADDRESS	2564 MINOSO CIR W	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32209	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LEWIS, CLIFFORD E SR	32 NAME	
STREET ADDRESS	5565 MINOSO CIR E	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32209	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PIERCE, HAROLD	42 NAME	
STREET ADDRESS	6720 CASPER CIR	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32208	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LEE, WILLIE T SR	52 NAME	
STREET ADDRESS	7950 W CONCORD BLVD	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32208	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, LORENZO	62 NAME	
STREET ADDRESS	11668 CARAPACE LN	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32218	64 CITY ST ZIP	CP

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)(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 (changed), on paper attachment with an address.

SIGNATURE: [signature] 5/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

0028380