

FILE NOW: FILING FEE \$61.25

FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003087 (3)

1. Corporation Name

MOPED OF JACKSONVILLE, INC.

Principal Place of Business

1319 N MYRTLE AVE
JACKSONVILLE FL 32209

Mailing Address

1319 N MYRTLE AVE
JACKSONVILLE FL 32209-7727

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

12/31/1996

4. FEI Number

59-3359870

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HARRIS, LEE L
1319 N MYRTLE AVE
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

Lee E. Harris

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

Lee E. Harris

Lee E. Harris

3/2/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME DP
HARRIS, LEE L
STREET ADDRESS 1262 W 4TH ST
CITY-ST-ZIP JACKSONVILLE FL 32209TITLE ☐ DELETENAME D
GEE, BIRNETT
STREET ADDRESS 2584 MINOSO CIR W
CITY-ST-ZIP JACKSONVILLE FL 32209TITLE ☐ DELETENAME D
LEWIS, CLIFFORD E SR
STREET ADDRESS 5585 MINOSO CIR E
CITY-ST-ZIP JACKSONVILLE FL 32209TITLE ☐ DELETENAME D
PIERCE, HAROLD
STREET ADDRESS 6720 CASPER CIR
CITY-ST-ZIP JACKSONVILLE FL 32208TITLE ☐ DELETENAME D
LEE, WILLIE T SR
STREET ADDRESS 7950 W CONCORD BLVD
CITY-ST-ZIP JACKSONVILLE FL 32208TITLE ☐ DELETENAME D
ALEXANDER, LORENZO
STREET ADDRESS 11668 CARAPACE LN
CITY-ST-ZIP JACKSONVILLE FL 32218

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Lee E. Harris 3/2/97 (904) 325-0015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Phone #

CR2E037 (9/96)