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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000569

1. Corporation Name

JACKSONVILLE ROD RUNNERS, INCORPORATED

Principal Place of Business

2741 NAVAJO ROAD
ORANGE PARK FL 32065

Mailing Address

2741 NAVAJO ROAD
ORANGE PARK FL 32065

2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 01/30/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3494662
City & State 23	City & State 28	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
	Country 29	
	Zip 30	

9. Name and Address of Current Registered Agent

WARD, KEITH
2741 NAVAJO ROAD
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

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	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME		1.2 NAME	Keith Ward
STREET ADDRESS		1.3 STREET ADDRESS	2741 Navajo Rd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Orange Park, FL 32065
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME		2.2 NAME	Skip Ward
STREET ADDRESS		2.3 STREET ADDRESS	8020 Cayuga Trail S.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME		3.2 NAME	Beverly Riley
STREET ADDRESS		3.3 STREET ADDRESS	5893 Sissy Lake
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32222
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	Connie Ward
STREET ADDRESS		4.3 STREET ADDRESS	8020 Cayuga Trail S.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99

904 272 4808

Daytime Phone #

CR2507 (1/99)