


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000075341	
1. Entity Name JACKSONVILLE SOUTH TRAVEL CENTER, INC.	

Principal Place of Business 1650 COUNTY RD. 210 WEST JACKSONVILLE, FL 32259	Mailing Address 1650 COUNTY RD. 210 WEST JACKSONVILLE, FL 32259
--	--

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3209926	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent MORRIS, ROBERT 1650 CR 210 WEST JACKSONVILLE, FL 32259
--

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

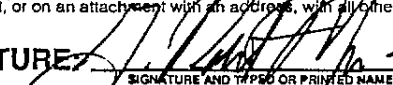
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reappointing)</small>	DATE
--	--	-------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000112381 04/14/04-80020-014 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MORRIS, ROBERT G. 1650 C.R. 210 W. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, HERMAN D 1024 U. S. HWY 3015 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, GEORGE H 1024 U. S. 301 S. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, CLARISSA M 2311 ODUM HWY JESUP, GA 31545
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 3/9/04	DAYTIME PHONE # 904 596 0929
--	-----------------------	--