

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 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



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3209926

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Robert Morris

3/22/2005

904-576-0979

Date

Daytime Phone # 6K.12