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Mailing Address

5345 ORTEGA BLVD

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Apr 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

appears in Block 12 or Block

SIGNATURE:

Principal Place of Business

5345 ORTEGA BLVD

DOCUMENT # P96000098880 (3)

RIDE THE GATOR OF CENTRAL FLORIDA, INC.

**UNIT 16** UNIT 16 JACKSONVILLE FL 32210-8415 JACKSONVILLE FL 32210 3. Date Incorporated or Qualified 3a. Date of Last Report 12/04/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes 25 24 30 No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name \*\* 165 BLATE AUE 82 Street Address (P.O. Box Number is Not Acceptable) UNIT MAJORDA #6 **ORANGE PARK FL 32073 B**3 84 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508 office or registored agont, or both, in the State of Ploriph. Sectionagent Team familiar with, and accept the objigations of Section Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition WEBB, JESSE H JR PRES NAME 1.2 NAME 2223 ACTOR ST; MAJORGA STREET ADDRESS 1.3 STREET ADDRESS ORANGE PARK FL 32073 & 1.4 CITY-ST-ZIP DITY-ST-ZIP TITLE DELETE \_\_\_ Change Addition 21 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP Citty - St - 2IP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34. CITY-ST-ZIP 0:TY-\$1-Z(P) Change DELETE Addition HILLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Diff S1-70 DELETE Change : Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

City St-ZiP

14. If 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 composition or the receiver of trustee imployers do to execute his report as required by Chapter 607, Florida Statutes; and that my name