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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

2002

DOCUMENT # **P97000038173 (5)**

1. Corporation Name
SOUTHERN-CYCLE, INC.

00000000



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
05/15/1997

4. FEI Number Applied For Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

Principal Place of Business: **12025-1 BEACH BLVD JACKSONVILLE FL 32246**

Mailing Address: **12025-1 BEACH BLVD JACKSONVILLE FL 32246**

2. Principal Place of Business

21. **1232 Blanding Blvd** 2n. Mailing Address **P.O. Box 16952**

22. **Suite #19** 27. **Orange Park, FL.**

23. **Orange Park, FL.** 28. **Jacksonville, FL.**

24. **32065** 25. **Clay** 29. **32245-6952** 30. **Duval**

9. Name and Address of Current Registered Agent

VEDAS, JON A
12025-1 BEACH BLVD
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name **Vedas, Jon A**

82 Street Address (P.O. Box Number is Not Acceptable) **1232 Blanding Blvd Suite #19**

83 **Orange Park**

84 City **Orange Park** 85 Zip Code **FL 32065**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 and, for myself and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **President** DATE **3-19-02**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: | |
|----------------------------|------------------------------|---|---|
| TITLE | VSTD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> A |
| NAME | WEBER, TIMOTHY D | 1.2 NAME | |
| STREET ADDRESS | 2828 JEWELL RD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL 32218 | 1.4 CITY - ST - ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> A |
| NAME | VEDAS, JON A | 2.2 NAME | |
| STREET ADDRESS | 12025-1 BEACH BLVD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL 32246 | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> A |
| NAME | | 3.2 NAME | Vice President |
| STREET ADDRESS | | 3.3 STREET ADDRESS | Daniel Richard Sears |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | 1685 Aletha Manor |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> A |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> A |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> A |
| 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 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 this report with my address.