Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90058 026 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G23089

1. Corporation Name

OKEECHOREE CYCLE SALES AND SERVICE INC

OKELOI	IODEL OTOLL SALES AND	SENTINE, MAS			
Principal Place	e of Business	Mailing Address			II 95841 BIBIL BIBSI BIB ⁱ l 1881 -
		al IE			
1905 SOUTH PARROTT AVENUE P.O. BOX 1051 (ZIP-34974) OKEECHOBEE FL 34973-1051		P.O. BOX 1051 (ZIP-34974) OKEECHOBEE FL 34973-1051		DO NOT WRITE IN THIS S	SPACE
				3. Date Incorporated or Qualifed 02/08/1983	·
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2258135	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intar	
24	25			, , , , , , , , , , , , , , , , , , ,	☐Yes ☐No
	9. Name and Address of Curren			10. Name and Address of New Registered A	gent
		<u> </u>	81 Name		
BRANTLEY, MARVIN W. 1905 S. PARROTT AVE.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
OKEECHOBEE FL 33472			83		
			84 City	FL	85 Zip Code
l office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was aut	horized by the corporati	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	nanging its registered ment as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTF: R	tegistered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRANTLEY, MARVIN W.		1.2 NAME		
STREET ADDRESS	1905 SOUTH PARROTT AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRANTLEY, PATSY A.		2.2 NAME		
STREET ADDRESS	1905 SOUTH PARROTT AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		D	3.4, CITY-ST-ZIP		D.Oh
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	,
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Dichara Diddler
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		

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 607, 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

941-763-4806 Daytime Phone #

Change

___ Addition