

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR 30 AM 8:42

DOCUMENT # P93000066061

1. Corporation Name

REVOLUTIONS CYCLERY, INC.

Principal Place of Business

1350 E TENNESSEE ST.
SUITE C2
TALLAHASSEE, FL. 32308

Mailing Address

2297 HARTSFIELD HIGHWAY
TALLAHASSEE, FL. 32303

2. Principal Place of Business

21 1325 Thomasville Rd.
Suite, Apt. #, etc.

22 City & State
Tallahassee, FL

23 Zip Country
32303 USA

2a. Mailing Address

26 2297 Hartsfield Way
Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/22/93

3a. Date of Last Report

08/08/96

4. FEI Number

59-3203430

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COSTA, STEVEN A
3117 ORTEGA DRIVE
TALLAHASSEE, FL. 32312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 office 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Sign in black ink and print name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P WHITTINGTON, CLARK KENT
P.O. BOX 120 N/A
Woodville, FL. 32384

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP WHITTINGTON, BENNY KEVIN
1013 SHALIMAR DRIVE
Tallahassee, FL. 32303

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S COSTA, STEVEN A
2297 HARTSFIELD WAY
Tallahassee, FL. 32303

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

14. I 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 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 or Block 14, or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

4-29-97 (904) 224-2453

CR2E034 (9/96)