

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 # P98000029260

1. Corporation Name

R & S CYCLE ACCESSORIES, INC.

Principal Place of Business

1282 E ROCKEFELLER LANE
HERNANDO FL 34442

Mailing Address

P.O. BOX 735
LECANTO FL 34461

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90141 046 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

59-3502799

☒ 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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

GISH, RICHARD D
1125 STERLING ROAD
SUITE 4
INVERNESS FL 34450-3979

10. Name and Address of New Registered Agent

81 Name Keith R. Taylor

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

83 530 N. Suncoast Blvd.

84 City Crystal River

85 FL Zip Code 34429

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 *Keith R. Taylor* Keith R. Taylor

4-26-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME SAVAGE, JOHN A
STREET ADDRESS 1484 E MONOPOLY LOOP
CITY-ST-ZIP INVERNESS FL 34453

TITLE TD ☒ DELETE
NAME SAVAGE, MARGARET W
STREET ADDRESS 1484 E MONOPOLY LOOP
CITY-ST-ZIP INVERNESS FL 34453

TITLE PD ☐ DELETE
NAME RIEGER, WILLIAM R
STREET ADDRESS 1282 E ROCKEFELLER LANE
CITY-ST-ZIP HERNANDO FL 34442

TITLE SD ☐ DELETE
NAME RIEGER, MARY C
STREET ADDRESS 1282 E ROCKEFELLER LANE
CITY-ST-ZIP HERNANDO FL 34442

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE: *William R. Rieger* William R. Rieger 4-27-99 352-726-1274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0489117