

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000013232 (1)

1. Corporation Name

TWIN THUNDER CYCLE SUPPLY INC.



Principal Place of Business

Mailing Address

1599 S W 30TH AVENUE
SUITE #8
BOYNTON BEACH FL 33436

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SUITE #8
BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0465942

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECK, PETER S JR.
60 HASTINGS LANE
LANTANA FL 33462**

81 Name

GHERSETICH, CHARLES A

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

78 BUXTON LANE

83

84 City

BOYNTON BEACH

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 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

[Signature]
Signature, typed or printed name of registered agent and 14C(1)(b) applicable

(NOTE: Registered Agent's signature required when reinstating)

CHARLES GHERSETICH

4-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☒ DELETE
NAME **BECK, PETER S JR.**
STREET ADDRESS **60 HASTINGS LANE**
CITY-ST-ZIP **LANTANA FL**

TITLE **DP** ☐ DELETE
NAME **GHERSETICH, CHARLES A**
STREET ADDRESS **78 BUXTON LANE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE **OT** ☒ DELETE
NAME **BECK, CATHERINE R.**
STREET ADDRESS **60 HASTINGS LANE**
CITY-ST-ZIP **LANTANA FL**

TITLE **OS** ☐ DELETE
NAME **GHERSETICH, SANDRA L**
STREET ADDRESS **78 BUXTON LANE**
CITY-ST-ZIP **BOYNTON BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

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

D, P, T

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES GHERSETICH

4-29-96

DATE

407-738-1720

DAYTIME PHONE #

CR2E034 (12/95)