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

Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)THE CYCLE SHOP, INC. Mailing Address Principal Place of Business 4003 W. PENSACOLA ST. 4003 W. PENSACOLA ST. P.O. BOX 2311 P.O. BOX 2311 DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 3. Date Incorporated or Qualified 09/29/1971 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1372705 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible X Yes ☐ No Personal Property Tax due June 30. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name POGGIE, WENDELL M. 4003 W. PENSACOLA ST. 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32304 City 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** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE POGGIE, WENDELL 1.2 NAME NAME 4003 W. PENSACOLA ST. 1.3 STREET ADORESS STREET ADDRESS TALLAHASSEE FL 32304 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 21 TITLE WADSWORTH, JAMES B. (JR. 2.2 NAME 1040 E. PARK AVE. 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 2. 4 CITY-\$T-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3 1 JITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

the specific point of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information bit is true and according and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2-10-98

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling indicated on this annual report or supplemental annual reportion or the receiver or trust

Block 12 or Block 13 if changed,

FILED