SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State / DIVISION OF CORPORATIONS

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90019 033 ***150.00

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DOCUMENT #	398862

CYCLE SPRINGS, INC.

Principal Place of Business Mailing Address 37182 US 19 NORTH PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1972 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 04/07/1972 4. FEI Number 59-1390012 Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State Country 2. Principal Place of Business 4. FEI Number 59-1390012 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Trust Fund Contribution Fee Required Added to Fees 2. Principal Place of Business City & State Country City & State Country Cou
37182 US 19 NORTH PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1972 2. Principal Place of Business 21 DO FNGSHWATEN DR 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 21 City & State 22 City & State 23 Aum Harbor FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1972 4. FEI Number 59-1390012 Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Fee Required Applied For Not Applicable 5. Certificate of Status Desired Applicable Fee Required Fee Required Added to Fees Applied For Not Applicable 5. Certificate of Status Desired Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Tust Fund Contribution Added to Fees Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Tust Fund Contribution Added to Fees Added to Fees Applied For Not Applicable Suite, Apt. #, etc. Su
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3. Date Incorporated or Qualified 04/07/1972 2. Principal Place of Business 21
2. Principal Place of Business 2. Applied For 2. Not Applicable 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country Fee Required 2. Election Campaign Financing Trust Fund Contribution Added to Fees 2. Trust Fund Contribution Added to Fees 2. This corporation owes the current year Intangible Personal Property. 2. Principal Place of Business 3. Applied For Not Applied For Not Applicable 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 7. Applied For Not Appli
2. Principal Place of Business 2. Mailing Address 3. Mailing Address 4. FEI Number 59-1390012 Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. This corporation owes the current year Intangible Personal Property. 7. Yes No 9. Name and Address of New Registered Agent
Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt. #,
27 5. Certificate of Status Desired Fee Required
City & State City & State City
Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes the current year Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property. Yes No 10. Name and Address of New Registered Agent
Zip Country 8. This corporation owes the current year Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
24 3+68+ 25 V, P 29 30 Intangible Personal Property. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
VI III VIII VIII VIII VIII VIII VIII V
81 Name
TICHENOR, RONALD S
37182 US 19 NO. 82 Street Address (P.O. Box Number is Not Acceptable) 2.0 FOESHWATER VIC
PALM HARBOR FL 34684
84 City of Harbon FL 85 Zip Code 34684
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE Change Addition
NAME TICHENOR, RONALD S 1.2 NAME
STREET ADDRESS - 3010 US 19 70 FRESH WATERDA 1.3 STREET ADDRESS
CITY-ST-ZIP PALM HARBOR FL 1.4 CITY-ST-ZIP
TITLE D DELETE 2.1 TITLE Change Addition
NAME TICHENOR, RONALD G. 22 NAME
STREET ADDRESS 3019 US TO TRESHWATER ON 23 STREET ADDRESS
CITY-ST-ZIP PALM HARBOR FL 2.4 CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
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CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS /
CITY-ST-ZIP 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 at must 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, dripn an attachment with an address.

SIGNATURE:

<u> MURE REQUIRED</u>

9-14-99

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398862 LIFTHERES Sept 14. 1998
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Novision's of Corporation.

Onnual Reports Filings
Plain Hargon F1 34684
POBOX 1500
Tillahasse F1 32302-1500

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On Dec 2, 1995 I seed my lessed to the

On Dec 2, 1995 I seld my lusining, but Pept the property of which it lend to the I put a schonge of address in but some how this your annual report was send to my old lusinen. I never recewed the just report but was given the second notice -by the new owner of my old husereis. Any Istitute I sould received in Thisencumstance would be greatly appreciated pleasentfully. Kn Tul