

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **401122** (7)
1. Corporation Name
KENDALL MOTORCYCLE, INC.

Principal Place of Business Mailing Address
1517 N W HWY 19 **1917 N W HWY 19**
CRYSTAL RIVER FL 32629 **CRYSTAL RIVER FL 32629**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/12/1972** 3a. Date of Last Report **04/01/1994**

4. FEI Number **59-1420487** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution 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

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 **34428** 25 Country 29 **34428** 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONTOPOULO, RALPH E
9864 W. HAWTHORNE ST.
CRYSTAL RIVER FL 32629

81 Name **SAME**
82 Street Address (P.O. Box Number is Not Acceptable)
4986 N. TEE-PEE DR.
83
84 City **BEVERLY HILLS** FL 85 **34465**

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 **TD**
NAME **CONTOPOULO, LYN R**
STREET ADDRESS **9864 W. HAWTHORNE ST.**
CITY - ST - ZIP **CRYSTAL RIVER, FL 00000**

1.1 TITLE **SAME** Change Addition
1.2 NAME **SAME**
1.3 STREET ADDRESS **4986 N. TEE-PEE DR.**
1.4 CITY - ST - ZIP **BEVERLY HILLS FL 34465**

TITLE **PD**
NAME **CONTOPOULO, RALPH E**
STREET ADDRESS **9864 W. HAWTHORNE ST.**
CITY - ST - ZIP **CRYSTAL RIVER, FL 00000**

2.1 TITLE **SAME** Change Addition
2.2 NAME **SAME**
2.3 STREET ADDRESS **4986 N. TEE-PEE DR.**
2.4 CITY - ST - ZIP **BEVERLY HILLS FL 34465**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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:

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

04-26-95
Date

704) 775-7872
Caption Please