

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:28

DOCUMENT # 507126

(1)

1. Corporation Name

VOLUSIA SCHWINN INC.

Principal Place of Business

205 SOUTH YONGE STREET
ORMOND BEACH FL 32174-6233

Mailing Address

205 SOUTH YONGE STREET
ORMOND BEACH FL 32174-6233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/14/1976

3a. Date of Last Report

02/03/1994

4. FET Number

59-1676201

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WESTFALL, RICHARD
205 SOUTH YONGE STREET
ORMOND BCH, FL
32074

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WESTFALL, JUDY
STREET ADDRESS 205 SO YONGE ST
CITY-ST-ZIP ORMOND BCH, FL 00000

1.1 TITLE ☐ Change ☐ Addition

TITLE PD
NAME WESTFALL, RICHARD
STREET ADDRESS 205 SOUTH YONGE STREET
CITY-ST-ZIP ORMOND BCH, FL 00000

1.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP

3.2 NAME ☐ Change ☐ Addition

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3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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4.1 TITLE ☐ Change ☐ Addition

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4.2 NAME ☐ Change ☐ Addition

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4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

5.2 NAME ☐ Change ☐ Addition

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5.3 STREET ADDRESS ☐ Change ☐ Addition

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5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE
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6.2 NAME ☐ Change ☐ Addition

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6.3 STREET ADDRESS ☐ Change ☐ Addition

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CITY-ST-ZIP

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judith A. Westfall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95

904 477 2425