547505

GILLIGAN, KING & GOODING, P.A.

ATTORNEYS AT LAW
7 EAST SILVER SPRINGS BOULEVARD
SUITE 500
OCALA, FLORIDA 34470

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	1. (Corporation Name) 2. (Corporation Name) 3. (Corporation Name)		(Document #) (Document #) (Document #)		97240 08 /97-01111006 %5.00 *****35.00
	•	poration Name)	(Доси	ment #)	<u></u>
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A second	Profit NonProfit Limited Liability Domestication Other		of R.A., Officer/ Directo	A section of the sect	FILED STATE VISION OF CORPORATIONS 97 DEC 15 AM 9: 13
Alleria de Mariera Ma Mariera	OTHER FILINGS Annual Report Fictitious Name Name Reservation	IN REGIS		12-18-	77

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607-0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is:

STREIT'S SCHWINN CYCLERY OCALA, INC.

1b. Date of incorporation: 9/23/77

Document number: 547505

2. The name and address of the current registered agent and office: KAY STREIT WEBB, 1274 E. Silver Springs Blvd., Ocala, Fl 32670

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) WILLIAM ALLAN KING, 7 E. Silver Springs Blvd., Suite 500, Ocala, Fl 34470

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

William John Castongue, President/3 TYPED OR PRINTED NAME AND TITLE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00

Rev. 197 WAK

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