

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 590218 (4)

1. Corporation Name

THRAILKILL BIKE & MOWER CENTER, INC.



Principal Place of Business

6809 S. ORANGE AVE.  
ORLANDO FL 32809

Mailing Address

6809 S. ORANGE AVE.  
ORLANDO FL 32809

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

TRICKEL, WILLIAM JR., ATTY  
39 W. PINE ST.  
ORLANDO FL 32801

3. Date Incorporated or Qualified  
01/01/1979

3a. Date of Last Report  
04/07/1995

4. FEI Number  
59-1867045

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

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's Signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  
NAME THRAYLKILL, MICHAEL W  
STREET ADDRESS 100 N BISCAYNE BLVD #1400  
CITY-ST-ZIP MIAMI FL

TITLE VPD  
NAME THIZAILKILL, PATRICK T  
STREET ADDRESS 6506 CAN CIRCLE  
CITY-ST-ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME THRAILKILL, MICHAEL W. (CORRECTION)  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 33132

2.1 TITLE  
2.2 NAME THRAILKILL, PATRICK T. (CORRECTION)  
2.3 STREET ADDRESS 6506 CAY CIRCLE  
2.4 CITY-ST-ZIP 32809

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

4.1 TITLE PRES / TREAS  
4.2 NAME WAYNE THRAILKILL  
4.3 STREET ADDRESS 6506 CAY CIRCLE  
4.4 CITY-ST-ZIP ORLANDO FL 32809

5.1 TITLE V. PRES / SEC  
5.2 NAME COLLEEN THRAILKILL  
5.3 STREET ADDRESS 6506 CAY CIRCLE  
5.4 CITY-ST-ZIP ORLANDO, FL 32809

6.1 TITLE  
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:

WAYNE THRAILKILL - PRES WAYNE THRAILKILL 2/20/91 407 859-0740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)