FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:52

DOCUMENT # 680136 (9)

1. Corporation Name

CHAMBLESS MOTORCYCLE CO.

Principal Place of Business
C/O RABUN A CHAMBLESS, JR
726 NORTH BEAL PARKWAY ~~PO BOX 231~~ DELETE P.O. Bx.
FT WALTON BEACH FL ~~32549~~ 32547

Mailing Address
C/O RABUN A CHAMBLESS, JR
726 NORTH BEAL PARKWAY ~~PO BOX 231~~
FT WALTON BEACH FL ~~32549~~ 32547

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 726 No. Beal Pky.
Suite, Apt #, etc.
22
City & State
23 Ft. Walton Bch., Fl.
Zip 24 32547 Country 25 USA

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/29/1980
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2020915 — 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

9. Name and Address of Current Registered Agent

CHAMBLESS, RABUN A., JR.
726 NORTH BEAL PARKWAY
FT. WALTON BEACH FL 32547

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 32547

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAMBLESS, RABUN A
STREET ADDRESS	903 WHISPERWOOD LANE
CITY-ST-ZIP	FT WALTON BEACH, FL00000
TITLE	STD
NAME	CHAMBLESS, WILLIAM B
STREET ADDRESS	10 MISTY WATER LANE
CITY-ST-ZIP	MARY ESTHER, FL 00000
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 (blank; each entry: ☐ Change ☐ Addition)

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(1)(i), 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: Rabun A. Chambless Jr. 1/12/95 904-863-2345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RABUN A. CHAMBLESS JR.

0470630 FP