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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

nn:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

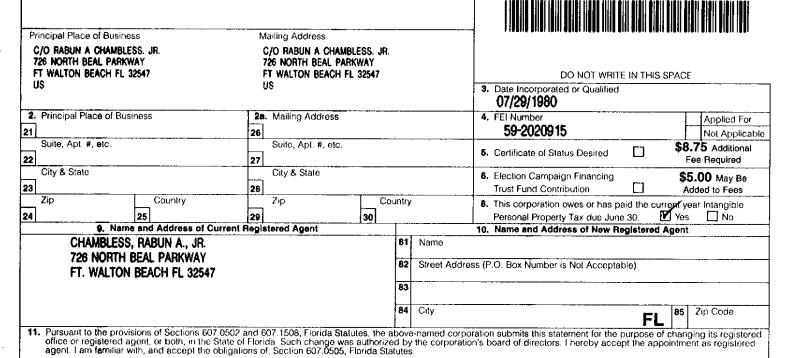
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 680136

CHAMBLESS MOTORCYCLE CO.

(9)

FILED Apr 03 1998 8:00am Secretary of State



SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD TITLE DELETE 1.1 TITLE Change Addition CHAMBLESS, RABUN A NAME 1.2 NAME 903 WHISPERWOOD LANE STREET ADDRESS 1.3 STHEET ADDRESS FT WALTON BEACH, FL00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE STD Change Addition CHAMBLESS, WILLIAM B NAME CHAMBLESS, WILLIAM B. 2.2 NAME 10 MISTY WATER LANE STREET ADDRESS 612 CROWDER CT. 2.3 STREET ADDRESS MARY ESTHER, FL 00000 FT. WALTON BCH., FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP 32547 TITLE DELETE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY+ST-ZIP 44 CITY-ST-ZIP DELETE TITLE 51 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SY-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Channe Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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.

6.4 CITY-ST-ZIP

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