

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 22 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 720650 (1)
 1. Corporation Name
 ST. PETERSBURG BICYCLE CLUB, INCORPORATED



Principal Place of Business Mailing Address

P.O. BOX 76023 ST PETERSBURG FL 33734 US
 P.O. BOX 76023 ST PETERSBURG FL 33734 US

3. Date Incorporated or Qualified
 04/02/1971

4. FEI Number
 59-2454681

Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Sulte, Apt. #, etc. 26 Sulte, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

CHRIS W. PEDERSEN
 11651 8TH LANE N #4
 ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name
 ANASTASIA C. HIOTIS

82 Street Address (P.O. Box Number is Not Acceptable)
 1234 BEACH DR NE

83

84 City
 St. Petersburg, FL

85 Zip Code
 33701

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Anastasia C. Hiotis* 7-6-98 ANASTASIA C. HIOTIS, SECRETARY
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BALZER, HENRY		1.2 NAME PATRICK J. McNULTY	
STREET ADDRESS 8011 42ND STREET N		1.3 STREET ADDRESS 3615 SOUTH LOIS AVE.	
CITY-ST-ZIP PINELLAS PARK FL		1.4 CITY-ST-ZIP TAMPA FL 33629	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MUCCI, ANTHONY		2.2 NAME JIM McLEAN	
STREET ADDRESS 7700 133RD STREET N		2.3 STREET ADDRESS 4701 36th AVE NO	
CITY-ST-ZIP SEMINOLE FL		2.4 CITY-ST-ZIP ST PETERSBURG FL 33713	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHURCHILL, JO		3.2 NAME Margaret A Hutinger	
STREET ADDRESS 4500 32ND AVE. N.		3.3 STREET ADDRESS 1755 Georgia Ave NE	
CITY-ST-ZIP ST. PETERSBURG FL 33713		3.4 CITY-ST-ZIP St Petersburg, FL 33703	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PEDERDEN, CHRIS		4.2 NAME ANASTASIA C. HIOTIS	
STREET ADDRESS 11651 8TH LANE N #4		4.3 STREET ADDRESS 1234 BEACH DR NE.	
CITY-ST-ZIP ST. PETERSBURG FL		4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HANSBURG, BILL		5.2 NAME Michael SMITH	
STREET ADDRESS 9715 HARROLD AVE #22		5.3 STREET ADDRESS 10600 4th STND #904	
CITY-ST-ZIP TREASURE ISLAND FL 33706		5.4 CITY-ST-ZIP ST PETERSBERG FL 33716	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DE GRANDCHAMP, BEVERLY		6.2 NAME JAN HAWK	
STREET ADDRESS 6200 44TH AVE. N.		6.3 STREET ADDRESS 1400 3RD ST SOUTH	
CITY-ST-ZIP KENNETH CITY FL 33709		6.4 CITY-ST-ZIP ST PETERSBURG FL 33701	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patrick J McNulty* PATRICK J McNULTY 7/6/98 (813) 839-7126
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)