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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 841913 (7)

1. Corporation Name  
HUFFY SERVICE FIRST, INC.

Principal Place of Business  
8521 GANDER CREEK DRIVE  
MIAMISBURG OH 45342

Mailing Address  
8521 GANDER CREEK DRIVE  
MIAMISBURG OH 45342-5436



3. Date Incorporated or Qualified 11/29/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 31-0930291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	BEVIS, MICHAEL D.	1.2 NAME	I. EDWARD TONKON
STREET ADDRESS	8521 GANDER CREEK DR	1.3 STREET ADDRESS	8521 GANDER CREEK DR.
CITY - ST - ZIP	MIAMISBURG OH	1.4 CITY - ST - ZIP	MIAMISBURG, OH
TITLE	DC	2.1 TITLE	D
NAME	MOLEN, RICHARD L.	2.2 NAME	
STREET ADDRESS	225 BYERS RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMISBURG, OH 00000	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	
NAME	MICHAUD, NANCY A.	3.2 NAME	
STREET ADDRESS	225 BYERS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMISBURG, OH 00000	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	
NAME	ALLEN, MICHAEL W.	4.2 NAME	
STREET ADDRESS	8521 GANDER CREEK DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMISBURG OH	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	V
NAME		5.2 NAME	CLIFFORD BRAHM
STREET ADDRESS		5.3 STREET ADDRESS	8521 GANDER CREEK DR
CITY - ST - ZIP		5.4 CITY - ST - ZIP	MIAMISBURG, OH
TITLE		6.1 TITLE	V
NAME		6.2 NAME	RONALD H. CASH
STREET ADDRESS		6.3 STREET ADDRESS	8521 GANDER CREED DR.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	MIAMISBURG, OH

14. I do 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 my address.

SIGNATURE: \_\_\_\_\_

4/24/97

937-438-3664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)