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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 854523 (8)

1. Corporation Name

MOTORCYCLE STUFF, INC.



Principal Place of Business

Mailing Address

4298 NASH RD  
CAPE GIRARDEAU MO 63701  
US

PO BOX 1179  
CAPE GIRARDEAU MO 63702-1179  
US

3. Date Incorporated or Qualified

10/28/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7501 ADAMO

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

TAMPA FL

29 City & State

24 Zip

Country

25 Zip

Country

33619

USA

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEDLUND, CLIFF  
4112 LONGFELLOW DR.  
PLANT CITY FL 33567

81 Name

JONATHAN APY

82 Street Address (P.O. Box Number is Not Acceptable)

1034 NW 184 WAY

83

84 City

PEMBROKE PARK

FL

85 Zip Code

33029

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]*

JONATHAN M. APY

Warehouse Manager

4/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
DODD, SUSAN K  
STREET ADDRESS 2107 WOODHAVEN DR.  
CITY - ST - ZIP CAPE GIRARDEAU, MO 00000 63701

TITLE ☐ DELETE

NAME VD  
DODD, TIMOTHY M  
STREET ADDRESS 531 N MIDDLE  
CITY - ST - ZIP CAPE GIRARDEAU MO

TITLE ☐ DELETE

NAME SD  
DODD, JOHN  
STREET ADDRESS 1227 PERRYVILLE RD.  
CITY - ST - ZIP CAPE GIRARDEAU MO

TITLE ☐ DELETE

NAME TD  
REINAGEL, RON  
STREET ADDRESS 420 TULIP LANE  
CITY - ST - ZIP KELSO MO 63758

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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:

*[Signature]*

TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

573-339-1111

Daytime Phone #

CR2E034 (12/95)