SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT 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 JUN 13 PM 8:27

DOCUMENT # F22027 (9)

1. Corporation Name
WALTON MOTORCYCLES, INC.

Principal Place of Business	Mailing Address
% ROBERT E JONES 1104 WEST NELSON AVENUE DEFUNIAK SPRINGS FL 32433	% ROBERT E JONES 1104 WEST NELSON AVENUE DEFUNIAK SPRINGS FL 32433

911 Change

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26) 782 US Highway 90 (Nelson Ave) W
Suite, Apt. #, etc (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28) DeFuniak Sprs Fla Walton
Zip (24) / County (25)	Zip (29) 32433 / County (30) WALTON

3. Date Incorporated or Qualified: 03/04/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2073204 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, ROBERT E ~~RT 7, BOX 1332~~ 782 US Highway 90 (Nelson Ave) W DEFUNIAK SPRINGS FL 32433	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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
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	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, ROBERT E	1.2 NAME	
STREET ADDRESS	~~RT 7 BOX 1332~~ 782 US. Highway 90 (Nelson Ave) W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRGS, FL 00000	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Robert E. Jones 6-9-95 904-892-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120821 FP

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

DOCUMENT # **F22757** **(1)**

1. Corporation Name
WOODROE FUGATE & SONS, INC.

Principal Place of Business	Mailing Address
409 SW SEVENTH AVE P. O. BOX 114 WILLISTON FL 32696	409 SW SEVENTH AVE P. O. BOX 114 WILLISTON FL 32696

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1981
3a. Date of Last Report: 05/26/1994

2. Principal Place of Business
21 SOUTH HIGHWAY 121
Suite, Apt. #, etc. 22
City & State: 23 WILLISTON, FLA
Zip: 24 32696 County: 25

2a. Mailing Address
26 P.O. BOX 114
Suite, Apt. #, etc. 27
City & State: 28 WILLISTON, FLA
Zip: 29 32696 County: 30

4. FEI Number: 59-2091268 ☐ 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

FUGATE, DUANE A.
RT 2 BOX 970
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name: NORM FUGATE
82 Street Address (P.O. Box Number is Not Acceptable): 444 N.W. MAIN ST.
83: SUITE 1
84 City: WILLISTON FL 85 Zip Code: 32696

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: Norm Fugate NORM FUGATE 6-5-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	FUGATE, VEOLA	12 NAME		
STREET ADDRESS	409 SW 7 AVE.	13 STREET ADDRESS		
CITY ST ZIP	WILLISTON FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	FUGATE, DUANE A	22 NAME		
STREET ADDRESS	RT 2 BOX 970	23 STREET ADDRESS	RT. 4, BOX 970-C	
CITY ST ZIP	WILLISTON FL	24 CITY ST ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	FUGATE, LEWIE D	32 NAME		
STREET ADDRESS	627 SW 7TH AVE	33 STREET ADDRESS		
CITY ST ZIP	WILLISTON FL	34 CITY ST ZIP		
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	FUGATE, NORM	42 NAME		
STREET ADDRESS	614 NE 10TH BLVD	43 STREET ADDRESS	444 N.W. MAIN ST.	
CITY ST ZIP	WILLISTON FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Norm Fugate V. PRES 6-5-95 904-528-0019
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0413107 FP