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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90173 023 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F36701
 1. Corporation Name
RON'S CYCLE SUPPLY, INC.

Principal Place of Business: 2617 HWY 60 E, VALRICO FL 33594, US
 Mailing Address: 2617 HWY60 E, VALRICO FL 33594, US

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **05/29/1981**

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

4. FEI Number: **59-2101356**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
CLAY, SHARON S.
101 MORRISON ROAD #D
BRANDON FL 33511

10. Name and Address of New Registered Agent
 81 Name: **Sharon S. Clay**
 82 Street Address (P.O. Box Number is Not Acceptable): **2617 Hwy 60 East**
 83: **Valrico, FL 33594**
 84 City: **Valrico, FL** 85 Zip Code: **33594**

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: *Sharon S. Clay* (NOTE: Registered Agent signature required when reinstating) DATE: **4-15-99**

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	CLAY, RONALD J
STREET ADDRESS	101 MORRISON ROAD #D
CITY-ST-ZIP	BRANDON FL
TITLE	S <input type="checkbox"/> DELETE
NAME	CLAY, SHARON S.
STREET ADDRESS	101 MORRISON ROAD #D
CITY-ST-ZIP	BRANDON FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JANEDA, JOSEPH P.
STREET ADDRESS	101 MORRISON ROAD #D
CITY-ST-ZIP	BRANDON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Sharon S. Clay* DATE: **4-15-99** DAYTIME PHONE #: **813-685-4338**

CR2E034 (11/98)