

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 28 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H17133

(0)

1. Corporation Name

MAC'S BIKE SHOP, INC.

Principal Place of Business

3472 NE SAVANNAH ROAD
JENSEN BEACH FL 34957
US

Mailing Address

4383 N. SKYLINE DRIVE
JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/17/1984

3a. Date of Last Report
04/26/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

59-2452946

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

GORMAN, ROBERT
4383 N. SKYLINE DR
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

12.2

STREET ADDRESS

12.3

CITY - ST - ZIP

12.4

NAME

12.5

STREET ADDRESS

12.6

CITY - ST - ZIP

12.7

NAME

12.8

STREET ADDRESS

12.9

CITY - ST - ZIP

12.10

NAME

12.11

STREET ADDRESS

12.12

CITY - ST - ZIP

12.13

NAME

12.14

STREET ADDRESS

12.15

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

TITLE

13.2

NAME

13.3

STREET ADDRESS

13.4

CITY - ST - ZIP

13.5

TITLE

13.6

NAME

13.7

STREET ADDRESS

13.8

CITY - ST - ZIP

13.9

TITLE

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY - ST - ZIP

13.13

TITLE

13.14

NAME

13.15

STREET ADDRESS

13.16

CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(9)(b), Florida Statutes. I further certify that this information is stated on this annual report or supplemental annual report to be true and accurate and that my signature shall have the same legal effect as if made under oath, but 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MADELEN GORMAN

2/24/95

407-334-4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

System Number