FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J63195** **(8)**

1. Corporation Name

THE CYCLE SOLUTION, INC.

Principal Place of Business	Mailing Address
231 RACETRACK RD. SUITE 229 FT. WALTON BEACH FL 32547 US	229 RACETRACK RD FT. WALTON BEACH FL 32547 US

3. Date Incorporated or Qualified: **03/23/1987**
3a. Date of Last Report: **10/02/1995**

2. Principal Place of Business
21: 229 Racetrack Rd
22: Suite, Apt. #, etc:
23: City & State: Ft. Walton Beach, FL
24: Zip: 32547
25: Country: US

2a. Mailing Address
26:
27: Suite, Apt. #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: **59-2784743** ☐ 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

HARTLOG, REGINA B
229 RACETRACK RD
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name: Hartzog, Regina B
82 Street Address (P.O. Box Number is Not Acceptable): 229 Racetrack Rd
83:
84 City: Ft. Walton Beach FL 85 Zip Code: 32547

11. Pursuant to the provisions of Section 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: Regina Hartzog 2-1-96
(Date)
(If changing Registered Agent, Signature required from New Agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HALEY, JAMES W. JR		12 NAME	
STREET ADDRESS	4718 BAYSIDE BV		13 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583		14 CITY-ST-ZIP	
TITLE	TS	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HALEY, JOYCE		22 NAME	
STREET ADDRESS	4718 BAYSIDE BV		23 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583		24 CITY-ST-ZIP	
TITLE	P	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HALEY, PATRICIA B.		32 NAME	
STREET ADDRESS	4718 BAYSIDE BV		33 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583		34 CITY-ST-ZIP	
TITLE	V	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HARTZOG, REGINA B.		42 NAME	
STREET ADDRESS	4718 BAYSIDE BV		43 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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: Regina B. Hartzog Regina Hartzog 2/1/96 904-863-8026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)