

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****95 FEB -1 AM 11:28****DOCUMENT # J81399****(4)**

1. Corporation Name

AMERICAN BICYCLE COMPANY

Principal Place of Business

**1404 S 3RD ST
JACKSONVILLE BEACH FL 32250**

Mailing Address

**1404 S 3RD ST
JACKSONVILLE BEACH FL 32250**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/02/1987

3a. Date of Last Report

03/11/1994

4. FEI Number

59-2923949

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. 109.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

**NICHOLSON, WILLARD B., III
1771 OAKBREEZE LANE
JACKSONVILLE BEACH FL 32250**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**PD
NICHOLSON, WILLARD B.III
1771 OAKBREEZE LANE
JACKSONVILLE BCH FL 32250**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**STD
NICHOLSON, ADINE R.
1771 OAKBREEZE LANE
JACKSONVILLE BEACH FL 32250**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP☐ Change☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP☐ Change☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP☐ Change☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP☐ Change☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP☐ Change☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily and truthfully furnished 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; and that the information 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; and that the information 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; and that the information is true and accurate and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-95**904-246-4433**