LE 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

APPROVED AND FILED

95 MAY -1 AM 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K46719** **(6)**

Corporation Name

THE BICYCLE CASTLE, INC.

Principal Place of Business	Mailing Address
~~% RICHARD B. OWEN~~	~~% RICHARD B. OWEN~~
~~C/O RICHARD B OWEN BOX 180895~~	~~C/O RICHARD B OWEN BOX 180895~~
CASSELBERRY FL 32718-7895	CASSELBERRY FL 32718-7895

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/17/1988	05/01/1994

4. FEI Number: 59-2915377 — Applied For / Not Applicable

Principal Place of Business	2a. Mailing Address
800 E Hwy 436	26 800 E Hwy 436
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
City & State: Casselberry	28 City & State: Casselberry
[redacted] 25	29 Zip: 32707 30 Country

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

OWEN, RICHARD B.
5250 S. HWY. 17-92
CASSELBERRY FL 32707-4997

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

Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

OFFICERS AND DIRECTORS	
TITLE	VSD
NAME	BLAKEMAN, TRACY
STREET ADDRESS	1620 TICONDEROGA CT
CITY-ST-ZIP	TUTUSVILLE FL
TITLE	PD
NAME	DAVIS/BOBBIE LEE
STREET ADDRESS	1231 OXFORD RD
CITY-ST-ZIP	MAITLAND FL
TITLE	D
NAME	BLAKEMAN, WAYNE J
STREET ADDRESS	1620 TICONDEROGA CT
CITY-ST-ZIP	TITUSVILLE FL
TITLE	VD
NAME	HARSTON, GLEN C
STREET ADDRESS	800 E HWY 436
CITY-ST-ZIP	CASSELBERRY FL
TITLE	D
NAME	BAILEY, DUANE
STREET ADDRESS	132 LOST LAKE LN
CITY-ST-ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		

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 the 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: Tracy P. Blakeman — 5/1/95 — 407-831-7377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0413963 FP