

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 # **K46719** (6)

1. Corporation Name

THE BICYCLE CASTLE, INC.



Principal Place of Business

Mailing Address

800 E HWY 436
C/O RICHARD B OWEN BOX 180895
CASSELBERRY FL 32707
US

% RICHARD B. OWEN
C/O RICHARD B OWEN BOX 180895
CASSELBERRY FL 32718-7895

3. Date Incorporated or Qualified

11/17/1988

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2915377

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

10. Name and Address of New Registered Agent

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

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 VSD ☐ DELETE
NAME BLAKEMAN, TRACY
STREET ADDRESS 1620 TICONDEROGA CT
CITY-ST-ZIP TUTUSVILLE FL

TITLE PD ☐ DELETE
NAME DAVIS/BOBBIE LEE
STREET ADDRESS 1231 OXFORD RD
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ DELETE
NAME BLAKEMAN, WAYNE J
STREET ADDRESS 1620 TICONDEROGA CT
CITY-ST-ZIP TUTUSVILLE FL

TITLE VD ☐ DELETE
NAME HARSTON, GLEN C
STREET ADDRESS 800 E HWY 436
CITY-ST-ZIP CASSELBERRY FL

TITLE D ☐ DELETE
NAME BAILEY, DUANE
STREET ADDRESS 132 LOST LAKE LN
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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:

Way L. Blakeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/96

407-831-7377
Date Daytime Phone #

CR2E034 (12/95)