FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

3. Date Incorporated or Qualified: 11/17/1988
3a. Date of Last Report: 05/14/1996

2. Principal Place of Business
21: 800 E. Hwy 436
22: Suite, Apt. #, etc.
23: City & State: Casselberry, FL
24: Zip: 32707 25: Country: USA

2a. Mailing Address
26: 800 E. Hwy 436
27: Suite, Apt. #, etc.
28: City & State: Casselberry, FL
29: Zip: 32707 30: Country: USA

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

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

10. Name and Address of New Registered Agent

81 Name: Tracy Blakeman
82 Street Address (P.O. Box Number is Not Acceptable): 800 E. Hwy 436
83
84 City: Casselberry FL 85 Zip Code: 32707

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: Tracy L. Blakeman — 6/5/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BLAKEMAN, TRACY		1.2 NAME		
STREET ADDRESS	1620 TICONDEROGA CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS/BOBBIE LEE		2.2 NAME		
STREET ADDRESS	1231 OXFORD RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLAKEMAN, WAYNE J		3.2 NAME		
STREET ADDRESS	1620 TICONDEROGA CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARSTON, GLEN C		4.2 NAME		
STREET ADDRESS	800 E HWY 436		4.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BAILEY, DUANE		5.2 NAME		
STREET ADDRESS	132 LOST LAKE LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [illegible] — 06/07/97 (407)339-4383