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FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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 CASSELBERRY FL 32707 US	% RICHARD B. OWEN CASSELBERRY FL 32707 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1988**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 800 E. Hwy 436
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Casselberry
Zip 24 / County 25	Zip 29 32707 / County 30 Seminole

9. Name and Address of Current Registered Agent

BLAKEMAN, TRACY
800 E HWY 436
CASSELBERRY FL 32707

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 _____ (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	TUTUSVILLE 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	

14. I 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.

CR2E034 (10/97)