

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K79315

(3)

1. Corporation Name

CALIFORNIA CYCLES, INC.

Principal Place of Business

CALIFORNIA CYCLES
14932 FRONT BEACH RD.
PANAMA CITY BEACH FL 32413
US

Mail Address

CALIFORNIA CYCLES
14932 FRONT BEACH RD.
PANAMA CITY BEACH FL 32413
US

2. Principal Place of Business

2a. Mailing Address

21 14932 Front Beach Rd

26 14932 Front Beach Rd

22 City & State

27 City & State

23 Panama City Beach FL

28 Panama City Beach FL

24 32413

25 USA

29 32413

30 USA

9. Name and Address of Current Registered Agent

HESS, BRIAN D.
9108 WEST HIGHWAY 98
PANAMA CITY FL 32408

3. Date Incorporated or Qualified

04/11/1989

3a. Date of Last Report

04/25/1995

4. FBI Number

59-2943932

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 is eligible for intangible tax under s. 193.032

Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number - Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 602, 603 and 604 of Part I, 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, as set forth in the foregoing, to be 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 604(b)(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DIRECTOR
NAME	ROOF, RICHARD	
STREET ADDRESS	14932 FRONT BCH RD	
CITY, STATE, ZIP	PANAMA CITY FL	
TITLE	VP	☐ DIRECTOR
NAME	ROOF, NORA	
STREET ADDRESS	14932 FRONT BCH RD	
CITY, STATE, ZIP	PANAMA CITY FL	
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13.

1. NAME	☐ Change ☐ Addition
2. NEW	
3. EXISTING ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information given is a true and correct representation of the facts and circumstances as they exist, and that I am an officer or director of the corporation, or the person authorized to execute and file this statement as required by Chapter 604, Florida Statutes, and that my name appears in Block 12 or Block 13 of this statement as a registered agent or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORA ROOF VP NORA ROOF

3/1/96 (904) 233-1391

CR2E034 (12/95)