FILE 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 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98706 (9)

1. Corporation Name
D & D CYCLES, INC.

Principal Place of Business	Mailing Address
2400 FERNWOOD ST (32505) P O BOX 3606 PENSACOLA FL 32516-0606	2400 FERNWOOD ST (32505) P O BOX 3606 PENSACOLA FL 32516-0606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1990
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-3028384 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____
2a. Mailing Address — 26 ____ Suite, Apt. #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

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
MCLENDON, ROBERT D, JR.
602 N. 47TH AVE.
PENSACOLA FL 32506

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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDV	1-1 TITLE	☐ Change ☐ Addition
NAME	MCLENDON, ROBERT D., JR.	1-2 NAME	
STREET ADDRESS	602 N. 47TH AVE.	1-3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1-4 CITY-ST-ZIP	
TITLE	ST	2-1 TITLE	☐ Change ☐ Addition
NAME	MCLENDON, JULIE A.	2-2 NAME	
STREET ADDRESS	602 N. 47TH AVE.	2-3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2-4 CITY-ST-ZIP	
TITLE		3-1 TITLE	☐ Change ☐ Addition
NAME		3-2 NAME	
STREET ADDRESS		3-3 STREET ADDRESS	
CITY-ST-ZIP		3-4 CITY-ST-ZIP	
TITLE		4-1 TITLE	☐ Change ☐ Addition
NAME		4-2 NAME	
STREET ADDRESS		4-3 STREET ADDRESS	
CITY-ST-ZIP		4-4 CITY-ST-ZIP	
TITLE		5-1 TITLE	☐ Change ☐ Addition
NAME		5-2 NAME	
STREET ADDRESS		5-3 STREET ADDRESS	
CITY-ST-ZIP		5-4 CITY-ST-ZIP	
TITLE		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 is completely furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Julie A. McLendon Julie A. McLendon 4-28-95 (904) 456-0354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0469668 FP