

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 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 # **L98706** (9)

1. Corporation Name  
**D & D CYCLES, INC.**

Principal Place of Business

**2400 FERNWOOD ST (32505)  
P.O. BOX 3606  
PENSACOLA FL 32516-0806**

Mailing Address

**2400 FERNWOOD ST (32505)  
P.O. BOX 3606  
PENSACOLA FL 32516-3606**



2. Principal Place of Business

21 **2400 FERNWOOD ST**  
Suite, Apt. #, etc.

22 City & State  
**PENSACOLA FL**

23 Zip  
**32505** Country  
**US**

2a. Mailing Address

26 **2400 FERNWOOD ST**  
Suite, Apt. #, etc.

27 City & State  
**PENSACOLA FL**

28 Zip  
**32505** Country  
**US**

3. Date Incorporated or Qualified

**08/28/1990**

3a. Date of Last Report

**04/25/1996**

4. FEI Number

**59-3028384**

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

**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)

**1174 HARRISON AVENUE**

83

84

**GULF BREEZE**

**FL**

85 Zip Code  
**32561**

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]*

(NOTE: Registered Agent signature required when reinstating)

**4-8-97**

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDV	<input type="checkbox"/> DELETE
NAME	MCLENDON, ROBERT D., JR.	
STREET ADDRESS	602 N. 47TH AVE.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCLENDON, JULIE A.	
STREET ADDRESS	602 N. 47TH AVE.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>1174 HARRISON AVENUE</b>
14 CITY - ST - ZIP	<b>GULF BREEZE FL 32561</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>1174 HARRISON AVENUE</b>
24 CITY - ST - ZIP	<b>GULF BREEZE FL 32561</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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: *[Signature]* **ROBERT D. MCLENDON JR** **4-8-97** **904-456-0354**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)