

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002444 (8)

1. Corporation Name

CIVIL BICYCLE PATROL, INC.



Principal Place of Business

5767 CURRY FORD RD
ORLANDO FL 32807
US

Mailing Address

5765 CRANE PLACE
ORLANDO FL 32807

3. Date Incorporated or Qualified
05/24/1993

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3196444

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

25

29

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

10. Name and Address of New Registered Agent

APPLETON, MICHAEL J
1031 W. MORSE BV. SUITE 105
WINTER PARK FL 32789

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
HILL, RONALD E
STREET ADDRESS
5765 CRANE PLACE
CITY-ST-ZIP
ORLANDO FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
PHILIPS, JAMES H
STREET ADDRESS
1470 ALOMA AVE
CITY-ST-ZIP
WINTER PARK FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DIRECTOR
HILL, SHARON A.
5765 CRANE PL
ORLANDO, FL 32807

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
BLAKELY, LARRY
STREET ADDRESS
3685 GATLIN PLACE C
CITY-ST-ZIP
ORLANDO FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
APPLETON, MICHAEL J
STREET ADDRESS
111 N ORANGE AVE, SUITE 1019
CITY-ST-ZIP
ORLANDO FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
GAUNTLETT, PETER S
STREET ADDRESS
100 S HUGHEY AVE
CITY-ST-ZIP
ORLANDO FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
COCKERHAM, KAREN A
STREET ADDRESS
5271 LIMA PL
CITY-ST-ZIP
ORLANDO FL

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96

407-273-2453

Date

Daytime Phone #

CR2E037 (12/95)