FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

DOCUMENT # **N94000004681 (2)**

1. Corporation Name

MOTORCYCLE SAFETY TRAINING, INC.

Principal Place of Business	Mailing Address
925 SE 6TH TERRACE CAPE CORAL FL 33990	925 SE 6TH TERRACE CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:
4. FEI Number: 65-0521284 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2708 SW 11 PL	26 151426 PO Box
Suite, Apt. #, etc. 22 CAPE CORAL	Suite, Apt. #, etc. 27 CAPE CORAL
City & State 23 FLA	City & State 28 FLA
Zip / Country 24 33914 / 25 U.S.A.	Zip / Country 29 33915 / 30 U.S.A.

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
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
GENNARO, MICHAEL A 4635 DEL PRADO BLVD. CAPE CORAL FL 33904	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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☒ Change ☐ Addition
NAME	HITZING, MICHAEL W	12 NAME	WILLIAM J. GARTRELL	
STREET ADDRESS	925 SE 6TH TERRACE	13 STREET ADDRESS	2708 SW 11 PL	
CITY-ST-ZIP	CAPE CORAL FL 33990	14 CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	GARTRELL, WILLIAM J	22 NAME	LEE R STEVENS	
STREET ADDRESS	2708 SW 11TH PLACE	23 STREET ADDRESS	2704 SW 12 AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	24 CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	SAWYERS, THOMAS G	32 NAME	JACQUELINE A. GARTRELL	
STREET ADDRESS	5036 SO. CLEVELAND AVENUE	33 STREET ADDRESS	2708 SW 11 PL	
CITY-ST-ZIP	FORT MYERS FL 33907	34 CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Gartrell WILLIAM J. GARTRELL 5-2-95 813-574-0765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061976