

FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006184 (5)**

1. Corporation Name

THE SKYWAY MOTOR CYCLE CLUB, INC.

Principal Place of Business

Mailing Address

**2801 37TH ST S
ST PETERSBURG FL 33711**

**2801 37TH ST S
ST PETERSBURG FL 33711-3808**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1994		3a. Date of Last Report 05/23/1996	
21 3475 16TH AVE. S		26 3475 16TH AVE. S		4. FEI Number 59-3377398		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 ST. PETERSBURG FL.		28 ST. PETERSBURG FL.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Zip		Zip		Country		Country	
24 33711		25 PINELLAS		29 33711		30 PINELLAS	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEAK, ROBERT
2801 37TH ST S
ST PETERSBURG FL 33711**

81 Name	ETHEL WILSON		
82 Street Address (P.O. Box Number is Not Acceptable)	3475 16TH AVE. S.		
83			
84 City	ST. PETERSBURG	85 Zip Code	FL 33711

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 **ETHEL WILSON DP**

Signature, typed or printed name of registered agent and title if applicable.

Ethel Wilson

(NOTE: Registered Agent signature required when reinstating)

5/14/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEAK, ROBERT	1.2 NAME	ETHEL WILSON
STREET ADDRESS	2801 37TH ST S	1.3 STREET ADDRESS	3475 16TH AVE. S.
CITY-ST-ZIP	ST PETERSBURG FL 33711	1.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33711
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXIE, WASHINGTON JR	2.2 NAME	
STREET ADDRESS	1145 GOLFVIEW AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ETHEL	3.2 NAME	BESSIE HARRELL
STREET ADDRESS	3475 16TH AVE S	3.3 STREET ADDRESS	920 62ND AVE. S. A2
CITY-ST-ZIP	ST PETERSBURG FL 33711	3.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33705
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DACOSTA, DON	4.2 NAME	
STREET ADDRESS	2147 PALM WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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]* **WILSON, ETHEL**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

DATE

Daytime Phone # 0060812

CR2E037 (9/96)