09101999-90011-032-$61.25-$61.25

AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 14 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
614333-90011-32

DOCUMENT # N98000003389

Corporation Name
ROUGH RIDERS MC, INC.

Principal Place of Business	Mailing Address
5030 EDWARDS ROAD FT. PIERCE FL	5030 EDWARDS ROAD FT. PIERCE FL

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	06/09/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number ☐ Applied For ☒ Not Applicable
	27	
City & State	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
	28	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
25	29 / 30	

9. Name and Address of Current Registered Agent

CATALANO, STEVEN
1697 SW TAURUS LANE
PORT ST. LUCIE FL 34984

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

1. 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 _____ 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	
TLE VP	Vice Pres Charles A. Reesse ☒ DELETE	1.1 TITLE V.P.D	V.P. Jerry Fitzpatrick ☐ Change ☒ Addition
AME		1.2 NAME	
TREET ADDRESS	250 SW Chelsea Terr.	1.3 STREET ADDRESS	4006 Sunrise Blvd. (Sunrise Blvd.)
TY-ST-ZIP	Port St Lucie Fla. 34984	1.4 CITY-ST-ZIP	Ft Pierce, Fla. 34982
TLE	Treasurer ☒ DELETE	2.1 TITLE	Treasurer ☐ Change ☒ Addition
AME	John Tyhurst	2.2 NAME	Daniel Croll
TREET ADDRESS	295 [illegible] Terr.	2.3 STREET ADDRESS	1552 SE Crown St.
TY-ST-ZIP	Port St Lucie Fla. 34984	2.4 CITY-ST-ZIP	Port St Lucie Fla. 34983
TLE	Treasurer ☒ DELETE	3.1 TITLE T D	Treasurer ☐ Change ☒ Addition
AME	David Slaght	3.2 NAME	Daniel Croll
TREET ADDRESS	1345 SE Floresta	3.3 STREET ADDRESS	1552 SE Crown St.
TY-ST-ZIP	Port St Lucie Fla. 34983	3.4 CITY-ST-ZIP	Port St Lucie Fla. 34983
ITLE	☐ DELETE	4.1 TITLE D	☐ Change ☒ Addition
AME		4.2 NAME	Paul Waikel
TREET ADDRESS		4.3 STREET ADDRESS	2165 NE Rustic Place
TY-ST-ZIP		4.4 CITY-ST-ZIP	Jensen Beach, FL, 34957
ITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
AME		5.2 NAME	
TREET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
ITLE	☐ DELETE	6.1 TITLE	TS ☐ Change ☐
AME		6.2 NAME	
TREET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (5/99)

14. I 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 a director or officer 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED STEVEN CATALANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/3/99 561-340-3081