FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000015361 (8)

1. Corporate Name
SINGLE-STROKE MOTORS, INC.

Principal Place of Business	Mailing Address
428 MUSKEGON AVE VALPARAISO FL 32580	428 MUSKEGON AVE VALPARAISO FL 32580

3. Date Incorporated or Qualified: 12/28/1992
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-3162352 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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

KIRKLAND, ERNEST C
428 MUSKEGON AVE
VALPARAISO FL 32580

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

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, 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	P	11 TITLE	☑ Change ☐ Addition
NAME	REED, JAY L	12 NAME	DELETE
STREET ADDRESS	1015 SILCOX BRANCH CIR	13 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☑ Change ☐ Addition P
NAME	VILLECCO, ROGER S	22 NAME	
STREET ADDRESS	845 BLVD DEL'ORLEANS	23 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☑ Change ☐ Addition
NAME	FRIERSON, ROBERT	32 NAME	DELETE
STREET ADDRESS	3108 DUE WEST COURT	33 STREET ADDRESS	
CITY-ST-ZIP	DALLAS GA	34 CITY-ST-ZIP	
TITLE	ST	41 TITLE	☑ Change ☐ Addition VST
NAME	KIRKLAND, ERNEST C	42 NAME	
STREET ADDRESS	428 MUSKEGON AVE	43 STREET ADDRESS	
CITY-ST-ZIP	VALPARIASO FL 32580	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	HURD, GORDON	52 NAME	
STREET ADDRESS	1107 SOUTH PALM BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernest C. Kirkland VST 9 MAY 1995 904 678 6293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0471310 FP