

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000066061 (1)

1. Corporation Name

REVOLUTIONS CYCLERY INC.

Principal Place of Business

1350 E TENNESSEE ST
STE C2
TALLAHASSEE FL 32300
US

Mailing Address

3117 ORTEGA DRIVE
TALLAHASSEE FL 32312

FILED

1995 MAY -1 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1993

3a. Date of Last Report
04/20/1994

4. FEI Number
59-3203430

Applied For
Not Applicable

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 § 199.022,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

30

9. Name and Address of Current Registered Agent

COSTA, STEVEN A
3117 ORTEGA DRIVE
TALLAHASSEE FL 32312

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 (Must be printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITTINGTON, CLARK KENT
STREET ADDRESS	PO BOX 120 N/A
CITY, ST, ZIP	WOODVILLE FL
TITLE	VP
NAME	WHITTINGTON, BENNY KEVIN
STREET ADDRESS	1013 SHAUMAR DR
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	S
NAME	COSTA, STEVEN A.
STREET ADDRESS	3117 ORTEGA DR
CITY, ST, ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	900001473089
2. NAME	-05/03/95--01068--001
3. STREET ADDRESS	***200.00 ***200.00
4. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
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)(b), 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 addendum.

SIGNATURE:

Clark Kent Whittington - President Kent Whittington 5-1-95 904-878-1088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR