FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **P93C00073277 (4)**

1. Corporate Name
OSCEOLA CYCLE & SKI, INC.

Principal Place of Business	Mailing Address
1070 E CARROLL STREET KISSIMMEE FL 34744	1070 E CARROLL STREET KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1993**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-3206665** ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt. # etc. 22 ___ City & State 23 ___ Zip 24 ___ County 25 ___
2a. Mailing Address: 26 ___ Suite, Apt. # etc. 27 ___ City & State 28 ___ Zip 29 ___ County 30 ___

9. Name and Address of Current Registered Agent

DAVIS, CARL L
1070 E. CARROLL STREET
KISSIMMEE FL 34744

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 ______ DATE ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, CARL L	1 2 NAME	
STREET ADDRESS	1440 SARA L STREET	1 3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	1 4 CITY-ST-ZIP	
TITLE	VD	2 1 TITLE	☐ Change ☐ Addition
NAME	MCLELLAN, JAMES C JR	2 2 NAME	
STREET ADDRESS	5336 ANSONIA COURT	2 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	2 4 CITY-ST-ZIP	
TITLE	S	3 1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ANNA M	3 2 NAME	
STREET ADDRESS	1440 SARA L STREET	3 3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	3 4 CITY-ST-ZIP	
TITLE	T	4 1 TITLE	☐ Change ☐ Addition
NAME	RAYBURN, MARION	4 2 NAME	
STREET ADDRESS	5336 ANSONIA COURT	4 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32829	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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 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: James C. McLellan Jr. JAMES C. MCLELLAN JR. 4-28-95 407-847-4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376206 CP