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PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000002304 (1) DOCUMENT #

LEESBURG CYCLES, INC. Mailing Address Principal Place of Business 2408 W MAIN ST 2408 W MAIN ST LEESBURG FL 34748 LEESBURG FL 34748 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 01/03/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3220778 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199 032, Country Zip Zισ Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BENNETT, SCOTT 82 Street Address (P.O. Box Number is Not Acceptable) 14705 PENGUIN PL 83 **TAMPA FL 33625** 85 Zip Code City 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 (NOTE: Rixintered Againt signature required when remetating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. [] Change Addition DELFTE 1. 1 TITLE TITLE 1.2 NAME BENNETT, SCOTT NAME 14705 PENGUIN PL 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33625** 1.4 CITY - ST- ZIP CITY-ST-ZIP ☐ Change Add:tion DELETE 2 1 TYTLE TITLE THORNTON, ROY 2.2 NAME NAME 17603 CLOVERCREEK PL 23 STREET AUDRESS STREET ADDRESS **LUTZ FL** 2.4 CITY - ST-7IP CITY-ST-ZIP Addition ☐ Change DELETE 3. 1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHTY - S1 - ZIF CITY - ST-ZIP ☐ Change Addition DELETE 4 1 JULE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP Add-tion Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S* - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE

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)(k), 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 cath; 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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY - ST- ZIP

NAME

STREET ADDRESS