

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010124 (3)

1. Corporation Name
CYCLE RYDER, INC.

Principal Place of Business
**15000 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**

Mailing Address
**15000 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/31/1994

3a. Date of Last Report

2. Principal Place of Business

21 **14996 Front Beach Rd.**

2a. Mailing Address

26 **Cycle Ryder Inc.**

4. FEI Number

59-3224936

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Panama City Beach FL**

Suite, Apt. #, etc.

27 **14932 Front Beach Rd.**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 **Panama City Beach FL**

City & State

28 **Panama City Beach, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 **32413**

Country

25 **Bay**

Zip

29 **32413**

Country

30 **Bay**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**

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 fee if applicable)

(DATE) (Registered Agent signature required when reappointing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
ROOF, RICHARD
STREET ADDRESS
15000 FRONT BEACH ROAD
CITY, ST, ZIP
PANAMA CITY BEACH FL 32407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
President ☒ Change ☐ Addition
12 NAME
Nora Roof
13 STREET ADDRESS
14996 Front Beach Rd.
14 CITY, ST, ZIP
Panama City Beach FL 32413

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP ☐ Change ☐ Addition

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 110.07(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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nora Roof

4/15/95

(904) 234-7642