FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000010124

1. Corporation Name
Cycle Ryder Inc.

Principal Place of Business
14996 Front Beach Rd.
Panama City Beach, FL
32413

Mailing Address
14932 Front Beach Rd.
Panama City Beach FL
32413

3. Date Incorporated or Qualified: Jan 31 1994
3a. Date of Last Report: 1995

2. Principal Place of Business
21 14996 Front Beach Rd.
Suite, Apt. #, etc.
22 —
City & State
23 Panama City Beach FL
Zip 24 32413
Country 25 USA

2a. Mailing Address
26 14932 Front Beach Rd.
Suite, Apt. #, etc.
27
City & State
28 Panama City Beach FL
Zip 29 32413
Country 30 USA

4. FEI Number: 59-3224936 — 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

9. Name and Address of Current Registered Agent
Brian Hess
~~P.O. Box 9454~~ (9108 Front Beach Rd)
Panama City Beach FL
32417

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 the date signature. OR NEW Registered Agent signature (required if name is being) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	NORA ROOF	
STREET ADDRESS	159 BOCA Lagoon Dr.	
CITY-ST-ZIP	Panama City Beach Fl. 32413	
TITLE	Vice President	☐ DELETE
NAME	NORA ROOF	
STREET ADDRESS	159 BOCA LAGOON Dr.	
CITY-ST-ZIP	Panama City Beach FL 32413	
TITLE	Treasurer / Sec.	☐ DELETE
NAME	NORA ROOF	
STREET ADDRESS	159 BOCA Lagoon Dr.	
CITY-ST-ZIP	Panama City Beach Fl. 32413	
TITLE	President	☑ DELETE
NAME	RICK ROOF	
STREET ADDRESS	159 BOCA LAGOON Dr.	
CITY-ST-ZIP	Panama City Beach Fl. 32413	
TITLE	Treasurer	☑ DELETE
NAME	RICK ROOF	
STREET ADDRESS	159 BOCA LAGOON Dr.	
CITY-ST-ZIP	Panama City Beach Fl. 32413	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	600001845916	☐ Change ☐ Addition
6.2 NAME	-05/31/96--01041--030	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

5/1

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 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: Nora Roof Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (904) 233-1391
Date Daytime Phone #

CR2E034 (12/95)