LE Nu... ... ... $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 20 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033741

Corporation Name
BIKERS AMERICA, INC.

Principal Place of Business
19709 GULF BLVD
INDIAN SHORES, FL 34635

Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3/2/94	3a. Date of Last Report
4. FEI Number 59-3240810	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	

1. Principal Place of Business
2. Mailing Address
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent

MICHAEL ROMAN
19709 GULF BLVD
INDIAN SHORES, FL 34635

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

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 X Michael T. Roman DATE 3/12/95
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	P/D	1.1 TITLE	☐ Change ☐ Addition
ME	MICHAEL ROMAN	1.2 NAME	
REET ADDRESS	13425 SAN RAFAEL DR	1.3 STREET ADDRESS	
TY-ST-ZIP	CLARGO, FL 34644	1.4 CITY-ST-ZIP	
TLE	S/T/D	2.1 TITLE	100001436011 -03/22/95--[illegible]- ☐ Addition
ME	CAROLANN ROMAN	2.2 NAME	****200.00 ****200.00
REET ADDRESS	13425 SAN RAFAEL DR	2.3 STREET ADDRESS	
TY-ST-ZIP	CLARGO, FL 34644	2.4 CITY-ST-ZIP	
TLE		3.1 TITLE	☐ Change ☐ Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
TY-ST-ZIP		3.4 CITY-ST-ZIP	
TLE		4.1 TITLE	☐ Change ☐ Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
TY-ST-ZIP		4.4 CITY-ST-ZIP	
TLE		5.1 TITLE	☐ Change ☐ Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
TY-ST-ZIP		5.4 CITY-ST-ZIP	
TLE		6.1 TITLE	☐ Change ☐ Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
TY-ST-ZIP		6.4 CITY-ST-ZIP	CH

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: X Michael T. Roman 3/12/95 813-593-0665
(TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Daytime Phone #)