

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000075883 (6)

1. Corporation Name

A ROYAL RIDE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 11:22

Principal Place of Business

18192 HORSESHOE BAY CIRCLE
FORY MYERS FL 33912

FT.

Mailing Address

18192 HORSESHOE BAY CIRCLE
FORY MYERS FL 33912

FT.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

63-0524814

Applied For

Not Applicable

Suite Apt # etc.

22

Suite Apt # etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOHLERT, DONNA M
18192 HORSESHOE BAY CIRCLE
FORY MYERS FL 33912

FT.

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 title if applicable)

(If the Registered Agent designation changed after registration)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PV
NAME WOHLERT, DONNA M
STREET ADDRESS 18192 HORSESHOE BAY CIRCLE
CITY ST ZIP FTY FORY MYERS FL 33912

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE STD
NAME WOHLERT, DONNA M
STREET ADDRESS 18192 HORSESHOE BAY CIRCLE
CITY ST ZIP FTY FORY MYERS FL 33912

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☐ Change ☐ Addition

FT.

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 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 included 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

✓ 4-15-25

1590

Signature Number 8