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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Candice S. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000081458 (9)

1. Corporation Name

RINGLING BIKES, INC.

Principal Place of Business
8474 LOCKWOOD RIDGE RD
SARASOTA FL 34243

Mailing Address
8474 LOCKWOOD RIDGE RD
SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
650530520

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

HOLT, DAVID
8474 LOCKWOOD RIDGE RD
SARASOTA FL 34243

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HOLT, KATHY

STREET ADDRESS

315 14TH AVE W

CITY- ST- ZIP

PALMETTO FL 34221

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE

D

NAME

HOLT, DAVID

STREET ADDRESS

315 14TH AVE W

CITY- ST- ZIP

PALMETTO FL 34221

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

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

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)(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/95 813-367-1374

Signature Thru

0348731

CP