

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 # P95000033335 (7)

1. Corporation Name  
LAKELAND MOTORCYCLE SUPPLY INC.



Principal Place of Business  
8217-01 U.S. 98 NORTH  
LAKELAND FL 33809

Mailing Address  
8217-01 U.S. 98 NORTH  
LAKELAND FL 33809

3. Date Incorporated or Qualified 04/20/1995  
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3324869	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

EHNLE, STELLA  
773 W. LUMSDEN ROAD  
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name	Robert X. Lyons
82 Street Address (P.O. Box Number is Not Acceptable)	
83	8635 Leighton Dr
84 City	Tampa, Fla.
85 Zip Code	FL 33614

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: Robert X. Lyons

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HILLIER, ANDREW L	
STREET ADDRESS	4717 CREEK MEADOW TRAIL	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HILLIER, DEBORAH	
STREET ADDRESS	4717 CREEK MEADOW TRAIL	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OLDHAM, JOSEPH	
STREET ADDRESS	2311 ROGERS ROAD	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	OLDHAM, REBECCA	
STREET ADDRESS	2311 ROGERS ROAD	
CITY - ST - ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GENE T. HOCKEY
3.3 STREET ADDRESS	6701 BROOK RIDGE TR.
3.4 CITY - ST - ZIP	LAKELAND FL 33809
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 941-858-9634  
Date Day/Even Phone #

CR2E034 (12/95)