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 # **P95000085056 (6)**

1. Corporation Name

PREMIUM CYCLERY, INC.

Principal Place of Business	Mailing Address
280 SOUTH STATE ROAD 434 SUITE G-3 ALTAMONTE SPRINGS FL 32714	280 SOUTH STATE ROAD 434 SUITE G-3 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business	2a. Mailing Address
21 150 S. STATE RD 434	26 150 S. STATE RD 434
Suite, Apt. #, etc. 22 #1088	Suite, Apt. #, etc. 27 #1088
City & State 23 Altamonte Springs, FL	City & State 28 Altamonte Springs, FL
Zip 24 32714	Zip 29 32714
Country 25 USA	Country 30 USA

3. Date Incorporated or Qualified: **11/06/1995**

3a. Date of Last Report:

4. FEI Number: 59-3344232 ☐ 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

LEFTWICH, ROBERT
280 SOUTH STATE ROAD 434
SUITE G-3
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: Robert Leftwich
82 Street Address (P.O. Box Number is Not Acceptable): 150 S. State Rd 434
83 #1088
84 City: Altamonte Springs FL 85 Zip Code: 32714

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEFTWICH, ROBERT 280 SOUTH STATE ROAD 434, SUITE G-3 ALTAMONTE SPRINGS FL 32714	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Snelly	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP	D Robert Leftwich 150 S. STATE RD 434 #1088 Altamonte Springs FL 32714	☒ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP	V Snelly Leftwich 150 S. STATE RD 434 #1088 Altamonte Springs FL 32714	☐ Change ☒ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP		☐ Change ☐ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is complete, true and accurate; 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: Snelly Leftwich 4/1/96 407-774-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #