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 # **P95000096189 (2)**

1. Corporation Name

GOAT BROTHERS CUSTOM CYCLES, INC.

Principal Place of Business	Mailing Address
2828 STORTER AVE NAPLES FL 33962	2828 STORTER AVE NAPLES FL 33962

2. Principal Place of Business	2a. Mailing Address
21 1139 INDUSTRIAL BLVD.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc
23 City & State: NAPLES, FL.	28 City & State
24 Zip: 33962 25 Country: USA	29 Zip 30 Country

3. Date Incorporated or Qualified: 12/20/1995	3a. Date of Last Report: NA
4. FEI Number: 65-0634381	☐ 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

FELDEN, CHRISTIAN B
2590 GOLDEN GATE PKWY
SUITE 101
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: BARBARA A. STINSON

82 Street Address (P.O. Box Number is Not Acceptable): 2828 STORTER AVE.

83

84 City: NAPLES 85 Zip Code: 33962

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: Barbara A. Stinson - Pres. 5/8/96
Signature, Typed or Printed Name of Registered Agent and Title (if applicable) — DATE
(If CR, Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D / PRES. STINSON, BARBARA A 1139 INDUSTRIAL BLVD NAPLES FL 33942	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. SCOTT BROWN 2814 STORTER AVE. NAPLES, FL. 33962	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. RAY TIRADO 2642 STORTER AVE. NAPLES, FL. 33962	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOBBY G. STINSON - TREAS. 2828 STORTER AVE. NAPLES, FL. 33962	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	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 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: Barbara A. Stinson BARBARA A. STINSON 5/1/96 774-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #