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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102684 (3)

RAY'S SUNSHINE CYCLES, INC.

3616 US HIGHWAY 82 EAST 3618 US HIGHWAY 92 EAST LAKELAND FL 33801-9577 LAKELAND FL 33801 3. Date Incorporated or Qualified 3a. Date of Last Report 12/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3420866 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \mathbf{x} 6. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation has liability for intangible tax under s. 199.032, Polk 🕱 Yes 🔲 No Po1k Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET **B2** Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 94 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, type to purced name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 96/6 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1.1 TITLE TIME GONZALES, RAYMOND F JR NAM: 1.2 NAME 3616 US HIGHWAY 92 EAST 1.3 STREET ADDRESS STREET ADDRESS lakeland fl 33801 1.4 City-St-ZiP C:TY-ST DELETE Addition 2.1 TITLE Change TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS City-St-Zif 2. 4 City-St-ZiP DELETE Change Addition THEF 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - ZIF DELETE Change Addition 111: F 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-ZIP DELETE ☐ Change Addition 3003 5.1 TITLE NAM: 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - 7/P 0-11Y - \$1 - ZIP Change DELETE Addition 11116 6.1 TITLE 6.2 NAME NAMI STREET ADDRESS **6.3 STREET ADDRESS** CHY-SI-ZIF 6.4 CITY - ST - ZIP 14. I do he eby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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