

FILED
May 12 1997 8:00am
Secretary of State



DOCUMENT # **V38275** (6)
1. Corporation Name
RADICAL RIDES, INC.

Mailing Address
833 FLEMING CT.
~~BLDG 2~~
PENSACOLA FL 32514-9707
US

3. Date Incorporated or Qualified 05/21/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3123799	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	
10. Name and Address of New Registered Agent	

2a. Mailing Address

21	Suite, Apt. #, etc.		26	883 FLEMING CT. Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	PENSACOLA, FL Zip Country	
24	25		29	32514-9707	30 US

9. Name and Address of Current Registered Agent

FLEET, H. BART
1201 EGLIN PKWY.
SHALIMAR FL 32579

81	Name
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82 Street Address (P.O. Box Number is Not Acceptable)

B4	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's signature required when re-instating.)

DATA

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DIRECT
NAME	BEVAN, ROGER	
STREET ADDRESS	833 FLEMING CT	
CITY - ST - ZIP	PENSACOLA FL	

TITLE	☐ BELFGE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ DELFTE
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

21 TITLE	☐ Change	☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		

☐ Change ☐ Addition
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Roger Bevan (ROGER BEVAN)

4-12-97 (904) 934-9743

CR2E034 (9/96)