

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V72978** (2)

1. Corporation Name

K. D. CYCLES, INC.



Principal Place of Business

Mailing Address

~~3757 S ATLANTIC AVE
STE 103
DAYTONA BEACH SHORES FL 32127~~
Phillip & Cheryl Dvorak
742 N. Halifax
Ormond Beach, FL 32176

3. Date Incorporated or Qualified
10/15/1992

3a. Date of Last Report
06/21/1995

2. Principal Place of Business

21 **742 N HALIFAX DR**

2a. Mailing Address

26 **742 N HALIFAX DR**

4. FEI Number

59-3146251

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **ORMOND BEACH FL**

City & State

28 **ORMOND BEACH FL**

Zip

24 **32176**

Country

Zip

29 **32176**

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHN S. NORTON JR PA
431 N GRANDVIEW AVE
DAYTONA BEACH FL 32118**

81 Name

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

83

84 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 Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DVORAK, PHILIP K.**
CITY-ST-ZIP **3757 S ATLANTIC AVE #103
DAYTONA BCH SHS FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **742 N HALIFAX DR**
1.4 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DVORAK, CHERYL A.**
CITY-ST-ZIP **3757 S ATLANTIC AVE #103
DAYTONA BCH SHS FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **742 N HALIFAX DR**
2.4 CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **DVORAK, KEVIN D.**
CITY-ST-ZIP **3757 S ATLANTIC AVE #103
DAYTONA BCH SHS FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 is voluntarily furnished and 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 of the corporation, or a person who appears in Block 12 or Block 13, or on an attachment with an address.

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 to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)