

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 533777 (9)

1. Corporation Name
PORT CHARLOTTE CYCLERY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% CHARLES D. WINSTON % CHARLES D. WINSTON
3052 TAMAMI TRAIL 3052 TAMAMI TRAIL
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952

3. Date Incorporated or Qualified 05/16/1977 3a. Date of Last Report 05/01/1994
4. FEI Number 59-1820932 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
WINSTON, CHARLES D
21304 BERKSHIRE AVE
PT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent
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 607.1608, 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS
TITLE PVD
NAME WINSTON, CHARLES D
STREET ADDRESS 21304 BERKSHIRE AVE
CITY-ST-ZIP PT CHARLOTTE, FL 00000
TITLE D
NAME KATH, VERNON W.
STREET ADDRESS 5860 HUMMINGBIRD LANE
CITY-ST-ZIP CLARKSTON MI
TITLE D
NAME KATH, JUNE R.
STREET ADDRESS 5860 HUMMINGBIRD LANE
CITY-ST-ZIP CLARKSTON MI
TITLE STD
NAME WINSTON, PATRICIA S
STREET ADDRESS 21304 BERKSHIRE AVE
CITY-ST-ZIP PT CHARLOTTE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
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
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Charles D. Winston 4/21/95 (813) 629-2023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Area & Number)