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**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90037 039 \*\*\*\*61.25

0070224

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44224**

1. Corporation Name  
**OCALA RADIO CONTROLLED CAR CLUB, INC.**

Principal Place of Business P. O. BOX 70166 Ocala FL 34470 US	Mailing Address P. O. BOX 70166 Ocala FL 34470 US
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2. Principal Place of Business 21 <b>PO Box 70166</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>PO Box 70166</b> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified <b>07/03/1991</b>	4. FEI Number <b>59-3077297</b> Applied For Not Applicable
23 <b>Ocala FL</b> City & State 24 <b>34470</b> Zip 25 <b>USA</b> Country	28 <b>Ocala FL</b> City & State 29 <b>34470</b> Zip 30 <b>USA</b> Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent <del>SHOOK, STEVE                  3500 SE 30TH TERR.                  Ocala FL 34471</del>	10. Name and Address of New Registered Agent 81 Name <b>Carl Ross</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>275 SW 80th Avenue</b> 83 84 City <b>Ocala</b> FL 85 Zip Code <b>34471</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Carl Ross DATE 2-2-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHOOK, STEVE	1.2 NAME	BONITA HANSLEY
STREET ADDRESS	3500 SE 30TH TERR	1.3 STREET ADDRESS	3009 NW 16th PL
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL 34475
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRUYK, ROBERT	2.2 NAME	BONITA HANSLEY
STREET ADDRESS	6980 NW WIRE ROAD	2.3 STREET ADDRESS	3009 NW 16th PL
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	OCALA, FL 34475
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MARTIN, JACK	3.2 NAME	
STREET ADDRESS	131 NE 17 PLACE, STE C	3.3 STREET ADDRESS	
CITY-ST-ZIP	OACALA FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CHRISTMAS, DOUGLAS	4.2 NAME	
STREET ADDRESS	2705 NE 3RD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ROSS, CARL	5.2 NAME	
STREET ADDRESS	275 S.W. 80TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	LAIR, BONITA	6.2 NAME	
STREET ADDRESS	2807 S.E. 180TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL 34491	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bonita Hansley DATE: 2-2-99 DAYTIME PHONE #: 800-324-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)