

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 03, 1999 8:00 am
Secretary of State

09-03-1999 90002 011 ****61.25



NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N98000001673** ✓

1. Corporation Name
GRACE RACING ENTERPRISE, INC.

* 6 612298² - 90002 - Yi * *

Principal Place of Business
 767 ESPANOLA AVENUE #7
 ORMOND BEACH FL 32174

Mailing Address
 767 ESPANOLA AVENUE #7
 ORMOND BEACH FL 32174



| | | | | | |
|--------------------------------|--|-------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 03/23/1998 | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 59-3482783 | |
| 23. City & State | | 28. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| | | | | \$8.75 Additional Fee Required | |
| 24. Zip | | 29. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 25. Country | | 30. Country | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MILLER, CHARLIE 767 ESPANOLA AVENUE #7 ORMOND BEACH FL 32174 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, CHARLIE | 1.2 NAME | |
| STREET ADDRESS | 767 ESPANOLA AVENUE #7 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTHEWS, GAIL | 2.2 NAME | |
| STREET ADDRESS | 767 ESPANOLA AVENUE #7 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, DEANNA J | 3.2 NAME | MILLER, DEANNA J |
| STREET ADDRESS | 2798 FORBES STREET | 3.3 STREET ADDRESS | 2545 Oak St. #1 |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | 3.4 CITY-ST-ZIP | JAX FL 32205 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTHEWS, RUSSELL A | 4.2 NAME | MATTHEWS, RUSSELLA |
| STREET ADDRESS | 202 FAIRVIEW CHASE | 4.3 STREET ADDRESS | 1891 Access Rd #73 |
| CITY-ST-ZIP | COVINGTON GA 30016 | 4.4 CITY-ST-ZIP | COVINGTON, GA. 30014 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Charles Miller RICHARD E. MILLER Sept 1, 1999 904 615 9449

CR2E037 (5/99)