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TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # S25949 (6)

1. Corporation Name

TELE TRACK, INC.

Principal Place of Business

EBRO DOG TRACK
EBRO FL 32437
US

Mailing Address

BOX 111
EBRO FL 32437
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/18/1991 3a. Date of Last Report 01/20/1994

4. FBI Number 59-3044262 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

7. 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

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

HESS, RICHARD G.
INT. HWY. 79 & 20
EBRO FL 32437

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 607.1508, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	HESS, RICHARD G.	1.2 NAME	Hess, Richard G.
STREET ADDRESS	P. O. BOX 111 N/A	1.3 STREET ADDRESS	6558 Race Track Rd.
CITY - ST - ZIP	EBRO FL	1.4 CITY - ST - ZIP	Ebro, FL 32437
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	HESS, BRYAN L.	2.2 NAME	
STREET ADDRESS	P. O. BOX 111 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	EBRO FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HESS, MARK W.	3.2 NAME	
STREET ADDRESS	P. O. BOX 111 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	EBRO FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

Date

Daytime Phone #