FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale DIVISION OF CORPORATIONS

POCUMENT # P94000017617 (9)

BOSS RACING, INC.

Principal Place of Business Mailing Address 2121 N. W. HIGHWAY 19 2121 N. W. HIGHWAY 19 CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1994 02/20/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-3256285 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRIDER, JOHN **521 W. FORT ISLAND TRAIL** 82 Street Address (P.O. Box Number is Not Acceptable) SUITE A 83 **CRYSTAL RIVER FL 34429** 84 City 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) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11300 Change Addition BROWN, ROY F. NAME 1.2 NAME 841 N O'BRIAN PT STREET ADDRESS 1.3 STREET ADDRESS LECANTO FL 34461 CITY-ST-ZIP 1.4 C(TY - ST - 7(P Dν DELETE Change TITLE 2.1 TITLE ☐ Addition BROWN, SUSAN NAME 2.2 NAME 841 N O'BRIAN PT STREET ADDRESS 2.3 STREET ADDRESS LECANTO FL 34461 CITY-ST-ZIP 2. 4 CITY-ST-7IP DΫ DELETÉ 3.1 TITLE Change Addition **BROWN, RANDY** NAME 3.2 NAME 841 N O' BRIAN PT STREET ADDRESS 3.3 STREET ADDRESS **LECANTO FL 34461** CITY-ST-ZIP 3 4. CHY-ST-7iP DELETE Change TITLE 4.1 THE ___ Addition CRIDER, JOHN NAME 4 2 NAME 521 W FT ISLAND TRAIL STREET ADDRESS 4.3 STREET ADDRESS CRYSTAL RIVER FL 34429 CITY-ST-ZIP 4.4 CHTY - ST - ZIP TITLE DELFTE 511016 Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADÓRESS **G.3 STREET ADDRESS** CITY-ST-ZIP

14. I do 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 uncler eath; 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

4/15/97

FILED

Apr 18 1997 8:00am

Secretary of State

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