

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 OCT -4 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/17/99 90001 002 \$550.00

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000098526 1. Corporation Name THE JARRETT/FAVRE DRIVING ADVENTURE, INC.			
Principal Place of Business 3660 MAGUIRE BLVD STE101 ORLANDO FL 32803		Mailing Address 3660 MAGUIRE BLVD STE101 ORLANDO FL 32803	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified 11/24/1998		4. FEI Number 59-3564984	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable ☐	
6. Election Campaign Financing ☐		Trust Fund Contribution ☐	
7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No		8. Additional Fee Required \$8.75	
9. Name and Address of Current Registered Agent SHANNON, TIMOTHY 3660 MAGUIRE BLVD STE101 ORLANDO FL 32803		10. Name and Address of New Registered Agent	
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.		12. OFFICERS AND DIRECTORS	
SIGNATURE ☒ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D 1.2 NAME SHANNON, TIMOTHY 1.3 STREET ADDRESS 3660 MAGUIRE BLVD STE101 1.4 CITY-STATE-ZIP ORLANDO FL 32803		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME ☐ Change ☐ Addition 1.3 STREET ADDRESS ☐ Change ☐ Addition 1.4 CITY-STATE-ZIP ☐ Change ☐ Addition	
2.1 TITLE ☐ DELETE 2.2 NAME ☐ DELETE 2.3 STREET ADDRESS ☐ DELETE 2.4 CITY-STATE-ZIP ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME ☐ Change ☐ Addition 2.3 STREET ADDRESS ☐ Change ☐ Addition 2.4 CITY-STATE-ZIP ☐ Change ☐ Addition	
3.1 TITLE ☐ DELETE 3.2 NAME ☐ DELETE 3.3 STREET ADDRESS ☐ DELETE 3.4 CITY-STATE-ZIP ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME ☐ Change ☐ Addition 3.3 STREET ADDRESS ☐ Change ☐ Addition 3.4 CITY-STATE-ZIP ☐ Change ☐ Addition	
4.1 TITLE ☐ DELETE 4.2 NAME ☐ DELETE 4.3 STREET ADDRESS ☐ DELETE 4.4 CITY-STATE-ZIP ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME ☐ Change ☐ Addition 4.3 STREET ADDRESS ☐ Change ☐ Addition 4.4 CITY-STATE-ZIP ☐ Change ☐ Addition	
5.1 TITLE ☐ DELETE 5.2 NAME ☐ DELETE 5.3 STREET ADDRESS ☐ DELETE 5.4 CITY-STATE-ZIP ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME ☐ Change ☐ Addition 5.3 STREET ADDRESS ☐ Change ☐ Addition 5.4 CITY-STATE-ZIP ☐ Change ☐ Addition	
6.1 TITLE ☐ DELETE 6.2 NAME ☐ DELETE 6.3 STREET ADDRESS ☐ DELETE 6.4 CITY-STATE-ZIP ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition 6.2 NAME ☐ Change ☐ Addition 6.3 STREET ADDRESS ☐ Change ☐ Addition 6.4 CITY-STATE-ZIP ☐ Change ☐ Addition	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Timothy Shannon</i>		6/29/99 (407) 228-4494	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR20034 (5/99)

KE