

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

**FILED**  
**Feb 11, 1999 8:00am**  
**Secretary of State**

02-11-1999 90037 006 \*\*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 461547**

1. Corporation Name

**RALLYE MOTORS, INC.**



Principal Place of Business

1749 SW COLLEGE ROAD  
 OCALA FL 34474  
 US

Mailing Address

1749 SW COLLEGE ROAD  
 OCALA FL 34474  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/23/1974**

4. FEI Number

**59-1553732**

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

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLER, KEVIN**  
**1749 SW COLLEGE RD.**  
**OCALA FL 34474**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  DELETE  
 NAME **SULLIVAN, ARTHUR**  
 STREET ADDRESS **246 MONTEREY ROAD**  
 CITY-ST-ZIP **PALM BEACH FL 34480**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **DS**  DELETE  
 NAME **SULLIVAN, MELISSA H**  
 STREET ADDRESS **246 MONTEREY ROAD**  
 CITY-ST-ZIP **PALM BEACH FL 34480**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **DST**  DELETE  
 NAME **BOSTIC, WANDA**  
 STREET ADDRESS **P. O. BOX 760**  
 CITY-ST-ZIP **FT. WHITE FL 32038**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **V**  DELETE  
 NAME **SMITH, CHARLES**  
 STREET ADDRESS **16740 NE 148TH TERRACE RD.**  
 CITY-ST-ZIP **FT. MCCOY FL 32134**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **VP**  DELETE  
 NAME **SMITH, CHRIS**  
 STREET ADDRESS **1749 SW COLLEGE ROAD**  
 CITY-ST-ZIP **OCALA FL 34474**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **SULLIVAN, BARBARA**  
 STREET ADDRESS **481 MAIN STREET**  
 CITY-ST-ZIP **WILBRAHAM MA 01095**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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 607, 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: Wanda Bostic, Secretary/Treasurer**

*Wanda Bostic*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)