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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 665348



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90056 032 ***150.00

1. Corporation	Name	•				
RACE RE	EALTY, INC.					
					I HODER OF HE BUILD BUILD BUILD BUILD	AHOO BORN AND ROEN AND REFERENCE
Principal Place	of Business	Mailing Address			I HADILA ANGIO DELON OLENE DE DE LEVE	Albin dinis bidin diası bidin diası radı
351 AVENUE K. SW 351 AVENUE K. SW					\	
PO BOX 1436 PO BOX 1436						
WINTER HAVEN FL 33882-1436 WINTER HAVEN FL 33882-14			436		DO NOT WRITE IN	THIS SPACE
U\$		US			3. Date incorporated or Qualifed 04/02/1980	i
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	-	26			59-2210584	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	· · · · · · · · · · · · · · · · ·	27	:		5. Certificate of Status Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current ye	
24	25	29	30		Personal Property Tax.	☐ Yes
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regist	ered Agent
	- 11.0VD N		8	1 Name		
	E, LLOYD N		8:	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	AVENUE D, NE					
	rer haven, fl		8:	3		
33881			84	4 City		85 Zip Code
]	, ,		FL
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	es, the abo	ve-named co	rporation submits this statement for the purpo	se of changing its registered
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change was au ligations of, Section 607.0505, Flor	ithorized o	v the corpora	ation's board of directors. I hereby accept the	appointment as registered
	III tattillal will, and accept the ob	1901010 01, 0001011 001.00001 1 101				4/19/99
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered Ag	ent signature requ	ired when reinstating) DA	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	VS	☐ DELETE	1,1 TITLE			☐ Change ☐ Addition
NAME	RACE, JOE B		1.2 NAME			
STREET ADDRESS	1240 11TH AVE, NE		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 00000		1.4 CITY-	ST-ZIP	<u></u>	
TITLE	PT DELETE 2.11		2.1 TITLE		-	☐ Change ☐ Addition
NAME	RACE, LLOYD N		12.2 NAME	: }		
STREET ADDRESS	1400 AVENUE D, NE		·2.3 STRE	ET ADDRESS		·
CITY-ST-ZIP	WINTER HAVEN, FL 00000		2. 4 CITY-	-ST-ZIP	·	
-TITLE		DELETE -	3.1 TITLE			. Change Addition
NAME			3.2 NAME	:]		•
STREET ADDRESS			3.3 STRE	ET ADORESS		
CITY ST-ZIP			3.4. CITY-	-ST-ZIP	•	·
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM		,	•
STREET ADDRESS			ı	ET ADDRESS		
	· · · · · · · · · · · · · · · · · · ·		4.4 CITY-			•
CITY-ST-ZiP TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME		1	5.2 NAME	· i	• •	•
				ET ADDRESS		•
STREET ADDRESS		•	5.4 CITY-			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
i			6.2 NAME	Į		_ · -
NAME						

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, er on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS