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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734889

1. Corporation Name
DAYTONA DIRT RIDERS, INC.

Principal Place of Business P.O. BOX 959 N/A HOLLY HILL FL 32125 US	Mailing Address P. O. BOX 250959 HOLLY HILL FL 32125 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/05/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1748126
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 29	30
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MOYER, KEVIN B.
616 BIG TREE ROAD
SO DAYTONA FL 32119

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Kevin B. Moyer **KEVIN B. MOYER** **4-28-98**
Signature, typed or printed name of registered agent applicable if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	PETTENDER, STEVE	
STREET ADDRESS	12 GREENFERN CR.	
CITY-ST-ZIP	ORMOND FL 32174	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRENLEY, BOB	
STREET ADDRESS	2191 ROBINHOOD TR.	
CITY-ST-ZIP	S. DAYTONA FL 32119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKEENS, RICK	
STREET ADDRESS	1461 RAEALYN DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EAMES, MARIE	
STREET ADDRESS	732 FAIRMOUNT RD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOYER, KEVIN	
STREET ADDRESS	616 BIG TREE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUPA, NICK	
STREET ADDRESS	53701 ALCO ROAD	
CITY-ST-ZIP	ASTOR FL 32012	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: Kevin B. Moyer **KEVIN B. MOYER** **4-28-98**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)