

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 18, 1999 8:00 am
Secretary of State

08-18-1999 90005 041 ****61.25

DOCUMENT # 751272

1. Corporation Name

SUNCOAST RACE WEEK, INC.

Principal Place of Business

19029 US 19 N
9-607
CLEARWATER FL 33764
US

Mailing Address

19029 US 19 N
9-607
CLEARWATER FL 33764
US



2. Principal Place of Business

2a. Mailing Address

21 19806 READING RD.
Suite, Apt. #, etc.

26 19806 READING RD.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

02/27/1980

4. FEI Number

59-2874168

Applied For

Not Applicable

City & State

23 LUTZ, FL

City & State

28 LUTZ, FL

Zip Country

24 33549 25 USA

Zip Country

29 33549 30 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GITTENS, VICTOR S
19029 US 19 N
9-607
CLEARWATER FL 33764

81 Name
MICHAEL W. DAWSON
82 Street Address (P.O. Box Number is Not Acceptable)
19806 READING ROAD
83
84 City
LUTZ FL 85 Zip Code
33549

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

Michael W. Dawson

8-11-99

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DT	GITTENS, VICTOR S	19029 US 19 N #9-607	CLEARWATER FL 33764	<input checked="" type="checkbox"/>
DP	PENNINGTON, GEORGE	13420 LAS PALMAS DR.	LARGO FL	<input checked="" type="checkbox"/>
D	MOORE, HENRY	1003 S. STERLING AVE.	TAMPA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DP	MICHAEL W. DAWSON	19806 READING RD	LUTZ FL 33549	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	George Pennington	13420 LAS PALMAS DR	LARGO, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	JOYE BARNES	11 CENTRAL AVE	ST. PETERSBURG, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Henry Moore	1003 S. STERLING AVE	TAMPA, FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Michael W. Dawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-99

Date

88-949-4840

Daytime Phone #

CR2E037 (5/99)