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FILED

Jan 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 856420 (5)

1. Corporation Name  
SKIP BARBER RACING SCHOOL, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/11/1983  
4. FEI Number  
04-2645440  
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 or has paid the current year Intangible Personal Property Tax due June 30, ☒ Yes ☐ No

Principal Place of Business  
29 BROOK STREET  
LAKEVILLE CT 06039

Mailing Address  
29 BROOK STREET  
LAKEVILLE CT 06039

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
EARWOOD, TERRY  
4001 LAKE SEBRING DRIVE, N.E.  
SEBRING FL 33870

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 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	PTD	1.1 TITLE	PTD
NAME	BARBER, JOHN	1.2 NAME	DARDER, JOHN
STREET ADDRESS	ROUTE 112	1.3 STREET ADDRESS	MUDGE ROAD RD.
CITY-ST-ZIP	LAKEVILLE CT 06039	1.4 CITY-ST-ZIP	SHARON, CT 06069
TITLE	C	2.1 TITLE	C
NAME	BLADES, GEORGIA	2.2 NAME	BLADES, GEORGIA
STREET ADDRESS	129 NORTH MAIN STREET	2.3 STREET ADDRESS	UNDER MOUNTAIN RD
CITY-ST-ZIP	SHARON CT	2.4 CITY-ST-ZIP	SALISBURY, CT 06068
TITLE		3.1 TITLE	ASSISTANT CLERK
NAME		3.2 NAME	KEVIN SULLIVAN
STREET ADDRESS		3.3 STREET ADDRESS	LINCOLN CITY ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	LAKEVILLE CT 06039
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, 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 in an attachment with an address.

SIGNATURE: KEVIN SULLIVAN 1/7/98 (860)435-1300

CR2E034 (10/97)