

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90003 021 ****70.00

DOCUMENT # F98000001410

1. Corporation Name

FLORIDA WHEEL SPORTS, INC.

Principal Place of Business

710 W. HOGLE AVE.
DELAND FL 32720

Mailing Address

710 W. HOGLE AVE.
DELAND FL 32720



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/12/1998

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

62-1154895

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORTNER, ROBERT W.
710 W. HOGLE AVE.
DELAND FL 32720

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

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 ☐ DELETE

NAME FORTNER, RON
STREET ADDRESS 6641 POPLAR 143
CITY-ST-ZIP MEMPHIS TN 38138

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME FIVEASH, KENT
STREET ADDRESS 5695 GREENVALLEY
CITY-ST-ZIP MEMPHIS TN 38135

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME PAGE, WAYNE
STREET ADDRESS 5135 NEYLAND CV.
CITY-ST-ZIP MEMPHIS TN 38135

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

9/1/99

901 280 7345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)