

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90184 021 ***150.00

DOCUMENT # F98000002679

1. Corporation Name
TRACK 'N TRAIL, INC.

Principal Place of Business
4961-A WINDPLAY DR.
EL DORADO HILLS CA 95762

Mailing Address
4961-A WINDPLAY DR.
EL DORADO HILLS CA 95762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

94-2702457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election, Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PCOO ☐ DELETE
NAME KILGORE, GREGORY M
STREET ADDRESS 4961-A WINDPLAY DR.
CITY-ST-ZIP EL DORADO HILLS CA 95762

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VCFO ☐ DELETE
NAME NAHMENS, DANIEL J
STREET ADDRESS 4961-A WINDPLAY DR.
CITY-ST-ZIP EL DORADO HILLS CA 95762

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE EV ☐ DELETE
NAME WILKINSON, JOHN E
STREET ADDRESS 4961-A WINDPLAY DR.
CITY-ST-ZIP EL DORADO HILLS CA 95762

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME MORGAN, DAVID T
STREET ADDRESS 4961-A WINDPLAY DR.
CITY-ST-ZIP EL DORADO HILLS CA 95762

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME FORSBURG, WILLIAM
STREET ADDRESS 4961-A WINDPLAY DR.
CITY-ST-ZIP EL DORADO HILLS CA 95762

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE COBD ☐ DELETE
NAME SUECHTING, DAVID L
STREET ADDRESS 4961-A WINDPLAY DR.
CITY-ST-ZIP EL DORADO HILLS CA 95762

6.1 TITLE ☐ Change ☐ 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 607, 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

3/18/99

(916) 933-4525

Date

Daytime Phone #

CR2E034 (11/98)