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 Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90219 029 ***150.00

DOCUMENT # J42005 1. Corporation Name

TAMPA BAY DOWNS, INC.

											 	
Principal Place of Business Mailing Address												
% STELLA F. THAYER			P O BOX 1531					1				
11225 RACE TRACK RD.			TAMPA FL 33601 US					DO NOT WRITE IN THIS SPACE				
TAMPA FL 33626 US								3. Date Incorporated or Qualifed	TE IN TIIIO	JI AGE		
00								11/12/1986			ļ	
Principal Pl	ace of Business	2a.	Mailing Address		_			4. FEI Number		An	plied For	
	ace of business	26	Maning Address					59-2747715			t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					00211110		\$8.75		
_			27					5. Certificate of Status Desired		Fee Re		
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be	
23			28					Trust Fund Contribution		Added 1	,	
Zip	Country		Zip	Coi	untry			8. This corporation owes the cur	rent vear Inta	anaible		
24	25	29	•	30	•			Personal Property Tax.		☐Yes	□No	
	9. Name and Address of Currer		ered Agent	100;	Τ			10. Name and Address of New	Registered	Agent		
	3,				81	Name	 -					
THA	YER, STELLA F.				82			(200 D. N. J. J. M. J. A. J. A				
400 NORTH TAMPA ST						Stree	t Addre	ress (P.O. Box Number is Not Acceptable)				
STE	2300				83							
TAM	PA FL 33602											
					84	City			FL	85 Zip	Code	
44 Duningt	to the provisions of Sections 607.050)2 and 60	7 1508 Florida Statut	ac the	hove	a-name	d corno	ration submits this statement for the	nurpose of	changing its	registered	
office or r	egistered agent, or both, in the State	of Florid	a. Such change was a	iuthorize	d by	the corp	poration	n's board of directors. I hereby acce	pt the appoi	ntment as re	gistered	
agent. I a	m familiar with, and accept the obliga	itions of,	Section 607.0505, Flo	rida Sta	tutes.	•						
SIGNATURE			Alore	O- details				when reinstating)	DATE			
42	Signature, typed or printed name of registered age OFFICERS AN			13.	u Agen	n Signature	raquileo	ADDITIONS/CHANGES TO OF		D DIRECTO	PRS IN 12	
12.	PTD	ID DIIVE	DELETE	1.1 T	ITLE		т	AODITIONS/OFFIANGED TO ST	1102110741	Change	☐ Addition	
	THAYER, STELLA F.				AME		1				i	
400 NODTH TANDA CT CTE 0000				L	1.3 STREET ADDRESS						`	
STREET ADDRESS	TAMPA FL	300					1					
CITY-\$T-ZIP	VSD		☐ DELETE	2.1 T	ITY-S	1-412	+			Change	Addition	
TITLE											_	
NAME	FERGUSON, HOWELL L.			_ L	AME						ļ	
STREET ADDRESS	310 W COLLEGE AVE					FADDRES:	\$				1	
CITY-ST-ZIP	TALLAHASSEE FL		□ pc: crc		CITY-S	T-ZIP	┼			☐ Change	Addition	
TITLE	V COLOU IOURI E I		☐ DELETE	3,1 T						onenge	ا ،،،۔۔۔۔۔	
NAME	GRADY, JOHN E. J				AME						ľ	
STREET ADDRESS	11225 RACE TRACK RD.					F ADDRES	S				İ	
CITY-ST-ZIP	TAMPA FL				CITY-S	T-ZIP				Change	Addition	
TITLE	V		☐ DELETE	. 4 ,1 T						[_] Change		
NAME	KING, L.M.			4, 21	NAME		}					
STREET ADDRESS	11225 RACE TRACK RD.			4.3 S	TREET	TADDRES:	s				ĺ	
CITY-ST-ZIP	TAMPA FL			4.4 0	ITY-S	T-ZIP						
TITLE			☐ DELETE		TLE		1			☐ Change	Addition	
NAME					IAME.		Į					
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CITY-ST-ZIP					ITY-S	T-ZIP	↓					
TITLE			☐ DELETE	6.1 T	TTLE					☐ Change	Addition	
NAME				6.2	IAME)	
CTDECT ADDDESC				6.3 9	TREET	T ADDRES	s					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

3/8/99

(813) 273-4200