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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

J69785

(0)

J. B. RACING, INC.

| Principal Place o | f Business | Mailing Address | | | A SUMPLEM PARE MAINT ARAIL ARABLE ARAI | | 1931 B1811 1981 |
|--|---|---|--|---|---|--|--|
| TAVARES FL | iridge industrial drive 32778 | 5247 LIGHTHOUSE RO ORLANDO FL 32808 | DAD | | | | |
| US | | | | | Date Incorporated or Qualified 04/28/1987 | 3a. Date of Last Repo 05/01/1995 | |
| 2. Principal Plac | e of Business | 2a. Mailing Address | | | 4. FEI Number | <u> </u> | plied For |
| 21 | | 26 | | | 59-2821963 | , . <u></u> | t Applicable |
| Suite, Apt. #, | etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | □ \$8.75 A | quired |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | □ \$5.00 Added to | o Fees |
| Zıp | Country | Zip | Coun | alry | 8. This corporation has liability for i | | 99.032, |
| 24 | 25 | 29 | 30 | | Florida Statutes Yes 10. Name and Address of New R | No | |
| | g. Name and Address of Curren | t Registered Agent | | 81 Name | 10. Name and Address of New H | redistered whent | |
| | | | 1 | | | | |
| HIGGS, | G. M. | | 82 5 | | ddress (P.O. Box Number is Not Acceptable) | | |
| | SHTHOUSE ROAD | | - | 83 | | | |
| ORLAND | O FL 32808 | | [| 53 | | | |
| | S. A. A. S. C. A. | ing and a second second | | 84 City | 44.1.1.1. | FL 85 Zip C | Code |
| | <u> </u> | | <u>. l </u> | 14 | ration submits this statement for the pur | | istered office |
| or rogistoro | discount or both in the State of Hord | da: Such Orange Was authoriz | eo ov me o | orporation's boa | ird of directors. I hereby accept the app | ointment as registered a | gent. Lam |
| familiar with | n, and accept the obligations of, Sect | ion 607.0505, Fionda Statutes | | | | | |
| familiar with | | | | Acost c goats to row in | od udan na netalievi) | DATE | |
| familiar with | signature, typed or printed name of registered agent | and title if applicable. (NC | OTE Registered | Agent signature require | od when renstating) ADDITIONS/CHANGES TO OFF | DATE ICERS AND DIRECTORS | S IN 12 |
| familiar with SIGNATUREs 12. | orgrature, typed or printed name of registered agent OFFICERS AN | and tille if applicable. (NO | | | | ICERS AND DIRECTORS | S IN 12 |
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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 it 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 attractment with an address. Q. M. Hices 4/16/96 (352) 343-8900

SIGNATURE: