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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998 DOCUMENT # J69785 J. B. RACING, INC.

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

## **FILED** Feb 13 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address  |   |                                    |                                  |  | Dist Billin Rodit dodit binže bilate dilate tebe   |
|--|---|------------------------------------|----------------------------------|--|--|
| 13500 SOUTHRIDGE INDUSTRIAL DRIVE 5247 LIGHTHOUSE RO TAVARES FL 32778 ORLANDO FL 32808 |   |                                    |                                  |  |  |
| US   |   |                                    |                                  | DO NOT WRITE IN THIS SPACE   |  |
|  |   |                                    |                                  | 3. Date Incorporated or Qualified 04/28/1987   |  |
| 2. Principal Pla   | ace of Business   | 2a, Mayling Address                |                                  | 4. FEI Number  | Applied For  |
| 21   |   | 26 13500 SOUTH                     | ZIDGE IND. DI                    | <sup>2</sup> . 59-2821963  | Not Applicable   |
| Suite, Apt. #, etc   |   | Suite, Apt. #, etc.                |                                  | 5. Certificate of Status Desired   | \$8.75 Additional  |
| 22   |   | 27                                 |                                  |  | Fee Required   |
| City & State   | •   | City & State                       | FL                               | 6. Election Campaign Financing Trust Fund Contribution                               | \$5.00 May Be  Added to Fees   |
| <b>23</b> Zip  | Country   | 28 1 a va v 2 5 , 1                | Country                          | 8. This corporation owes or has p  |  |
| 24   | 25  | 29 32778                           | USA                              | Personal Property Tax due Jun  | 94-37  |
| <u></u>  | 9. Name and Address of Curren   | <del></del>                        | 1                                | 10. Name and Address of New R  |  |
| HIG  | IGS, G. M.  |                                    | 81 Name                          | M. Higas   |  |
|  | 7 LIGHTHOUSE ROAD   |                                    | 82 Street Ad                     |  | able)  |
| ORLANDO FL 32806   |   |                                    |                                  | Idress (P.O. Box Number is Not Accepte 38 Alice Street                               |  |
|  |   |                                    | 83                               |  |  |
|  |   |                                    | 84 City                          | -  | R5 Zip Code  |
|  |   |                                    | 10,70                            | ivares   | FL 32778   |
| 11. Pursuant t   | o the provisions of Sections 607.050  | 2 and 607.1508, Florida Statutes   | the above-named co               | orporation submits this statement for the ration's board of directors. I hereby acce | purpose of changing its registered   |
| agent. Lar   | egistered agent, or both, in the state<br>in familiar with, and accept the obligi | ations of, Section 607.0505, Flori | da Statules.                     | ration's board of directors. Thereby acce  | 3pt the appointment as registered  |
| SIGNATURE.   |   |                                    |                                  |  |  |
|  | Signature, typic for printed name of tegratered ago                               |                                    | flirgistered Agent signature re  |  | DATE   |
| 12.  |   | D DIRECTORS                        | 13.                              | ADDITIONS/CHANGES TO OFF   | Change Addition  |
| TITLE  | D<br>   | ☐ DELETE                           | 1.1 TITLE                        |  | C) Crange C Accoulon   |
| NAME   | HIGGS, G. M.  |                                    | 1.2 NAME                         | 22120 Aline Street   |  |
| STREET ADDRESS   | 5247 LIGHTHOUSE ROAD  |                                    | 13 STREET ADDRESS                | 32138 Alice Street<br>Tavares, FL 32778  |  |
| CITY-ST-ZIP  | ORLANDO FL  | DELETE                             | 1 4 CITY - ST - ZIP<br>2 1 TITLE | 1ava 105, 12 32718   | Change Addition  |
| TITLE  | HIGGS, BEVERLY J.   |                                    | 22 NAME                          | 32138 Alice Street   | - Charge - Assumen   |
| NAME   | 5247 LIGHTHOUSE ROAD  |                                    | DA CYDEET ADODECC                |  |  |
| STREET ADDRESS   | ORLANDO FL  |                                    | 2 3 STREET ADDRESS               | Tavares, FL 32778  | . •  |
| CITY-ST-ZIP<br>TITLE   | ONDATE .  | DELETE                             | 2.4 CITY-ST-ZIP                  |  | Change Addition  |
| NAME   |   |                                    | 3 2 NAME                         |  |  |
| STREET ADDRESS   |   |                                    | 3.3 STREET ADDRESS               |  |  |
| CITY-ST-ZIP  |   |                                    | 3.4. CITY-ST-ZIP                 |  |  |
| TITLE  |   | ☐ DELETE                           | 4.1 317£E                        |  | Change Addition  |
| NAME   |   |                                    | 4. 2 NAME                        |  |  |
| STREET ADDRESS   |   |                                    | 4.3 STREET ADDRESS               |  |  |
| CITY-ST-ZIP  |   |                                    | 4.4 CITY - ST - ZIP              |  |  |
| TITLE  |   | DELETE                             | 5.1 TITLE                        |  | ☐ Change ☐ Addition  |
| NAME   |   |                                    | 5.2 NAME                         |  |  |
| STREET ADDRESS   |   |                                    | 5.3 STREET ADDRESS               |  |  |
| CITY-ST-ZIP  |   |                                    | 5.4 CITY-\$T-ZIP                 |  |  |
| TOTLE  |   | DELETE                             | 6.1 TITLE                        |  | ☐ Change ☐ Addition  |
| NAME   |   |                                    | 6.2 NAME                         |  |  |
| STREET ADDRESS   |   |                                    | 6.3 STREET ADDRESS               |  |  |
| CITY-ST-ZIP  |   |                                    | 6.4 CITY-ST-ZIP                  |  |  |
|  |   |                                    |                                  | 1 O E 440 03/00/2 Florida Otal Ass.  | The state of the s |

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 informatic indicated on this annual report or suppliemental 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with an address

2/6/98

352-343-8900