Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90071 023 ***150.00

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

DOCUMENT # K51081

1. Corporation Name

	FLORIDA	ROAD RACE	e managemen	IT, IN	IC.						
Pri	incipal Place	of Business		Ma	ailing Address				I (MOIM))) mas Aribi riust ansus inimi sius ninsi	AINI SIDI BERI	DIĞIK AZAZI LUBI
1256 STONEY BROOK LANE 1256 STONEY BROOK LANE											
DUNEDIN FL 34698 DUNEDIN FL 34698								DO MOT MOSTE IN THE	0.004.05		
									DO NOT WRITE IN THI	S SPACE	
									Date Incorporated or Qualifed		Ţ
<u> </u>									12/13/1988	1 1 7	
-	. Principal Place of Business			2a. Mailing Address				FEI Number	<u> </u>	oplied For	
21				26				_	<u>59-2921521</u>		t Applicable
22	Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		Additional equired
	City & State				City & State			6.	6. Election Campaign Financing \$5.00 May Be		
23				28				Trust Fund Contribution Added to Fees			to Fees
	Zip			ip Country		8.	This corporation owes the current year I	ntangible			
24		25		29	3	0			Personal Property Tax.	☐ Yes	□No
		9. Name and	Address of Current	t Regis	tered Agent			10.	Name and Address of New Registere	d Agent	
						81	Name				
MCDOWELL, EVERETT B., JR. 1256 STONEY BROOK LANE DUNEDIN FL 34698						82	82 Street Address (P.O. Box Number is Not Acceptable)				
						"	Oli CCI AGG			A 4 1 1274 B 4	1 1 % 185.
						83	83				
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	-go			TORIS OF.	Section 607.0505, Florid	a Statutes	š. ·	ion's bo	. , ,,	ointment as re	gistered
	ONATURE	iii tarrimor viiti, ai	id accept the obligat	dons or,	Section 607.0505, Florid	la Statutes	š.	ion's boa		ointment as re	gistered
51	IGNATURE		ed name of registered agent		Section 607.0505, Florid	ia Statutes	nt signature require	0115 004		ointment as re	gistered
12			-	it and title i	if applicable. (NOTE: R	ia Statutes	5.	ed when re		AND DIRECTO	DRS IN 12
	2.	Signature, typed or print	ed name of registered agent OFFICERS ANI	it and title i	Section 607.0505, Florid	egistered Age	5.	ed when re	instating) DATE		
12 TITI	2.	Signature, typed or print	ed name of registered agent	it and title i	if applicable. (NOTE: R	egistered Age	5.	ed when re	instating) DATE IDDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12
12 TITI	Z. LE	Signature, typed or print	of name of registered agent OFFICERS AND	it and title i	if applicable. (NOTE: R	egistered Age 13. 1.1 TITLE 1.2 NAME	5.	ed when re	instating) DATE IDDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12
12 TITI NAI STF	Z. ILE ME	Signature, typed or print P MCDOWELL, {	of name of registered agent OFFICERS AND	it and title i	if applicable. (NOTE: R	egistered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	ed when re	instating) DATE IDDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12
12 TITI NAI STF	Z. TLE ME REET ADDRESS TY-ST-ZIP	P MCDOWELL, I 1256 STONEY	of name of registered agent OFFICERS AND	it and title i	if applicable. (NOTE: R	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	ed when re	instating) DATE IDDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12
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112 TITTI NAV STF CIT TITTI NAV STF	Z. TLE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	P MCDOWELL, I 1256 STONEY	of name of registered agent OFFICERS AND	it and title i	if applicable. (NOTE: R CTORS DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-I 3.1 TITLE 3.2 NAME	nt signature require T ADDRESS ST-ZIP	ed when re	instating) DATE IDDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	DRS IN 12 Addition Addition
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6.4 CITY-ST-ZIP 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Everett B. M Dowell, Jr.

Change

☐ Change

Addition

☐ Addition