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

**PROFIT** Jun 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K90423 (0) KREIDER RACING INC. Principal Place of Business Mailing Address 4974 96TH STREET NORTH 4974 96TH STREET NORTH ST. PETERSBURG FL 33708 ST. PETERSBURG FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1989 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2962080 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country ZipCountry 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. П№ g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KREIDER, DALE 4974 96TH STREET NORTH 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33708 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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 Fforida. 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, Fforida Statutes. SIGNATURE Signature, typied or printed name of rige teniclionent and title if applicable (NOT): Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change Addition KREIDER, DALE NAME 12 NAME **4974 96TH ST NORTH** STREET ADDRESS 1.3 STREET ADDRESS **ST PETERSBURG FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 21 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DILETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE Addition NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - \$1- ZIP DELETE TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am an officer or director of the corporation or the receiver or trustee impowered to exactly this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, even an attachanged with the address.

FILED