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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

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Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90014 050 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L09873

1. Corporation Name

CITY-ST-ZIP

VELOCITY PERFORMANCE INCORPORATED

Principal Place	of Business	Mailing Address						*** **** **** *		7. 4.5 7.5
5564 MURPHY F	RD .	PO BOX 430								
SUMMERFIELD NC 27358		*	SUMMERFIELD NC 27358			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated		12 11 1110	017102	
						08/11/1989	Ji Quallicu			
	*	2a. Mailing Addre				4. FEI Number			App	lied For
	lace of Business	-	185			59-3030471				Applicable
21		26 Suite. Apt. #.	etc.						\$8.75 Ac	
Suite, Apt.	#, etc.					5. Certifcate of Status	Desired		Fee Req	
22		City & State	***		·	6. Election Campaign	Financing		\$5.00 N	lav Bo
City & State	5	28				Trust Fund Contrib	-		Added to	- ,
Zip	Country	Zip	Cour	ntry		8. This corporation ov		rent vear Int	angible	
一 ・	25	29	30	•		Personal Property		,		□No
24	9. Name and Address of Curre		. 1991			10. Name and Addres		Registered	Agent	
	J. Hamb Bila / Lac. 600 C. Cal. / Cal			81 N	Name				7 , 141.	and the second
MOC	Dre, B e njamin					/D.O. Davidsonia	Nat'Assant	-blo\	27.5	
	W. FAIRBANKS AVE.			82 5	Street Addre	ess (P.O. Box Number is	NOL Accept	able)	in the extraction	
	TER PARK FL 32789		ŀ	83	****					
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		·	İ	84 (City			FL	85 Zip Ce	ode .
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florid	la Statutes, the at	bove-n	named corpo	ration submits this stater	nent for the	purpose of	changing its r	egistered
11. Pursuant office or n agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the state o	ations of, Section 607.0	la Statutes, the ab ge was authorized 505, Florida Statu (NOTE: Registered	utes.		when reinstating)		DATE		· · · · · · · · · · · · · · · · · · ·
agent. I a	m familiar with, and accept the obligations of the obligation of t	ations of, Section 607.0	505, Florida Statu	utes.				DATE	ND DIRECTOR	RS IN 12
agent. I a	m familiar with, and accept the obligations of the obligation of t	ations of, Section 607.0	505, Florida Statu (NOTE: Registered	utes. Agent si		when reinstating)		DATE		· · · · · · · · · · · · · · · · · · ·
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6.4 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 a property of the empowered.