

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
OFFICE OF MISCEN  
ANNUAL REPORT  
CORPORATION AND PARTNERSHIP

DOCUMENT # N50794

(9)

KARTING FOR KIDS, INC.

Date of Incorporation

Mailing Address

P.O. BOX 17414  
CLEARWATER FL 34622-0414

PO BOX 17414  
CLEARWATER FL 34622-0414

5/13/95

FLORIDA C. STATE  
HILLSBOROUGH, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/11/1992	02/17/1994
4. EIN Number	Applied For Not Applicable
59-3142819	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Executive Committee Forming From Board of Directors	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Status Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for amounts due under S. 19904. Florida Statute <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt. # 000	26 Suite Apt. # 000
22 City & State	27 City & State
23 24	25 County 29 29 30
24 25 County 29 29 30	

## 9. Name and Address of Current Registered Agent

SWACKER, FRANK W.  
8526 BARDMOOR PLACE  
LARGO FL 34647

## 10. Name and Address of New Registered Agent

81 Name	82 Street Address - P.O. Box Number if Not Applicable
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.001 and 607.002, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the stipulations of the Florida Office of the Secretary of State.

## SIGNATURE

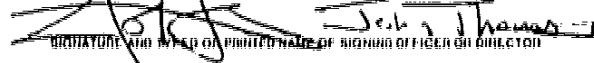
REBECCA P. ALLEMAN, OFFICE OF THE SECRETARY OF STATE

REBECCA P. ALLEMAN, OFFICE OF THE SECRETARY OF STATE

A

12. NAME TITLE ADDRESS CITY STATE ZIP	13. NAME TITLE ADDRESS CITY STATE ZIP
D ALLEMAN, REBECCA P. 850 SEACREST DR. LARGO FL	4.1 NAME 4.2 NAME 4.3 NAME 4.4 NAME
D EVANS, CARL 2852 W VENUS DEL MAR ST. PETERSBURG FL	4.1 NAME 4.2 NAME 4.3 NAME
D LESINSKI, PAUL 14929 NEWPORT RD. CLEARWATER FL	4.1 NAME 4.2 NAME 4.3 NAME 4.4 NAME
D NEWBERT, JOEL 2821 SKIMMER POINT DR S0 GULFPORT FL	4.1 NAME 4.2 NAME 4.3 NAME 4.4 NAME
D SHREVES, DALE 9800-135TH ST NO. SEMINOLE FL	4.1 NAME 4.2 NAME 4.3 NAME 4.4 NAME
D THOMAS, JOHN 218 HARBOR VIEW LN LARGO FL	4.1 NAME 4.2 NAME 4.3 NAME 4.4 NAME

14. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19907(b), Florida Statutes. I further certify that the information indicated on the 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 liquidator appointed to execute the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 changed or can be affixed therewith in addition.

SIGNATURE:   
SIGNATURE AND NUMBER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 813-531-8796

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