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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50794

(9)

1. Corporation Name

KARTING FOR KIDS, INC.



Principal Place of Business

Mailing Address

P.O. BOX 17414  
CLEARWATER FL 34622-0414

P.O. BOX 17414  
CLEARWATER FL 34622-0414

3. Date Incorporated or Qualified  
09/11/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWACKER, FRANK W.  
8526 BARDMOOR PLACE  
LARGO FL 34647

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 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 Florida. 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME ALLEMAN, REBECCA P.  
STREET ADDRESS 850 SEACREST DR.  
CITY-ST-ZIP LARGO FL

TITLE D ☐ DELETE  
NAME EVANS, CARL  
STREET ADDRESS 2852 W VENUS DEL MAR  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE  
NAME LESINSKI, PAUL  
STREET ADDRESS 14929 NEWPORT RD.  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☒ DELETE  
NAME NEWBERT, JOEL  
STREET ADDRESS 2821 SKIMMER POINT DR SO  
CITY-ST-ZIP GULFPORT FL

TITLE D ☐ DELETE  
NAME SHREVES, DALE  
STREET ADDRESS 9800-135TH ST NO.  
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ DELETE  
NAME THOMAS, JOHN  
STREET ADDRESS 218 HARBOR VIEW LN  
CITY-ST-ZIP LARGO FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

Daytime Phone #

CR2E037 (12/95)