SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $365)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 0:20

DOCUMENT # N93000000034 (9)

1. Corporation Name

NAPLES OFF-ROAD RACERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GERALD A. PECAR 157 CROWN DR NAPLES FL 33942	C/O GERALD A. PECAR 157 CROWN DR NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1992
3a. Date of Last Report: 03/07/1994
4. FEI Number: 65-0464619 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2926 Tropicana Blvd.	26 2926 Tropicana Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Naples, FL.	City & State 28 Naples, FL
Zip / County 24 33999 / 25	Zip / County 29 33999 / 30

9. Name and Address of Current Registered Agent

PECAR, GERALD ALLEN
157 CROWN DR
NAPLES FL 33942

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BENFIELD, MARK	12 NAME		
STREET ADDRESS	2690 70TH ST SW	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	SEIFFERT, BILLY	22 NAME		
STREET ADDRESS	2121 RIVER REACH DR #475	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☒ Change ☐ Addition
NAME	PECAR, KAREN	32 NAME		
STREET ADDRESS	157 CROWN DR	33 STREET ADDRESS	2926 Tropicana Blvd	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples Fl 33999	
TITLE	T	41 TITLE		☒ Change ☐ Addition
NAME	PECAR, GERALD	42 NAME		
STREET ADDRESS	157 CROWN DR	43 STREET ADDRESS	2926 Tropicana Blvd.	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	Naples, FL. 33999	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald Pecar 6-9-95 (941) 455-9065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018035