

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001851 (4)

1. Corporation Name

TOP COP RACING, INC.



Principal Place of Business

1701 N TAMPA STREET
TAMPA FL 33602

Mailing Address

P.O. BOX 172326
TAMPA FL 33672-0326

3. Date Incorporated or Qualified
07/06/1993

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 1710 N. TAMPA ST.

26 P.O. Box 172326

4. FEI Number
59-3203275

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

City & State

City & State

23 TAMPA, FLORIDA

28 TAMPA, FLORIDA

24 33602

25 Hillsborough

29 33602

30 Hillsborough

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERTZER, ANDREW
1701 N TAMPA STREET
TAMPA FL 33602

81 Name ALLEN U. SHAFFER

82 Street Address (P.O. Box Number is Not Acceptable)
1710 N. TAMPA ST.

83

84 City TAMPA

FL 85 Zip Code 33602

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

Allen U. Shaffer

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

(NOTE: Registered Agent signature required when reappointing)

3-4-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STERTZER, ANDREW
STREET ADDRESS 1701 N TAMPA STREET
CITY-ST-ZIP TAMPA FL 33602 ☒ DELETE

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

TITLE D
NAME SHAFFER, ALLEN U
STREET ADDRESS 1701 N TAMPA STREET
CITY-ST-ZIP TAMPA FL 33602 ☐ DELETE

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

TITLE D
NAME DAVIS, RANDY W
STREET ADDRESS 1701 N TAMPA STREET
CITY-ST-ZIP TAMPA FL 33602 ☐ DELETE

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

TITLE D
NAME HENRY, GEORGE H
STREET ADDRESS 1701 N TAMPA STREET
CITY-ST-ZIP TAMPA FL 34649 ☐ DELETE

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Randy W Davis

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 813-677-4752

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CR2E037 (12/95)