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NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham'

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N94000001851 (4)

TOP COP RACING, INC.

| Principa! | Place | of | Business |  |
|-----------|-------|----|----------|--|
| 17/0      |       |    |          |  |

## **FILED** Apr 08 1997 8:00am Secretary of State



|                             | ce of Business Mailing Address |   |   |                         |                                |                |                |                |                | 4.4 .4 2.2 42                               |                                    | •••••                                 |                                       |                |                      |   |  |
|-----------------------------|--------------------------------|---|---|-------------------------|--------------------------------|----------------|----------------|----------------|----------------|---|------------------------------------|---------------------------------------|---------------------------------------|----------------|----------------------|---|--|
| 17/0<br>1201 N TAMPA STREET |                                |   |   | P.O. BOX 172326         |                                |                |                |                |                |   |                                    |                                       |                                       |                |                      |   |  |
| TAMPA FL 3360               | 02                             |   |   | TAMPA F                 | L 33672-0326                   |                |                |                |                |   |                                    |                                       |                                       |                |                      |   |  |
|                             |                                |   |   |                         |                                |                |                |                |                | 3. Dat                                      | e Incorp<br>07/06                  | orated or Quali<br>/1993              | fied 3a. Da                           |                | ast R<br><b>B/19</b> |   |  |
| 2. Principal Pi             | lace of Busine                 | 9 <b>\$</b> \$                                |   | 2a. Mail                | ng Address                     |                |                |                |                | 4. FEI                                      | Numbe                              | , , , , , , , , , , , , , , , , , , , |                                       |                | Ap                   | plied For                               |  |
| <b>1</b>                    |                                |   | [                                       | 26                      |                                |                |                |                |                | 59-3203275                                  |                                    |                                       |                                       |                | No                   | t Applicable                            |  |
| Suite, Apt. #, etc.         |                                |   | 2                                       | Suite, Apt. #, etc.     |                                |                |                |                |                | I & Cartificate of Status Decired I I Total |                                    |                                       |                                       |                |                      | 5 Additional<br>Required                |  |
| City & State                | 6                              |   |   | City                    | & State                        |                |                |                |                | 6. Elec                                     | ction Ca                           | mpaign Financi                        | ng                                    | \$5            | 5.00                 | May Be                                  |  |
| 23                          | 3                              |   |   | 28                      |                                |                |                |                |                |   | Trust Fund Contribution Added to F |                                       |                                       |                |                      |   |  |
| Zip                         | Country                        |   |   | Zip                     |                                |                | Country        |                |                | B. This                                     | corpor                             | ation has liabilit                    |                                       |                | ider s               | . 199.032,                              |  |
| 24                          | 25                             |   |   | 29 30                   |                                |                |                |                |                |   | ida Stat                           |                                       | Yes _                                 |                |                      |   |  |
|                             | 9. Name a                      | and Address of Cu                             | urrent Re                               | gistered                | Agent                          |                | -              |                |                | 10, Nar                                     | ne and                             | Address of Ne                         | w Registered A                        | gent           |                      |   |  |
|                             |                                |   |   |                         |                                |                | 81             | Name           | 9              |   |                                    |                                       |                                       |                |                      |   |  |
|                             | r, allenw                      |   |   |                         |                                |                | 82             | Street         | t Addres       | s (P.O. E                                   | 3ox Nun                            | nber is Not Acc                       | eplable)                              |                |                      |   |  |
|                             | tampa str                      | EET   |   |                         |                                |                |                |                |                |   |                                    |                                       |                                       |                |                      |   |  |
| TAMPA F                     | FL <b>3</b> 3602               |   |   |                         |                                |                | 83             |                |                |   |                                    |                                       |                                       |                |                      |   |  |
| •                           |                                |   |   |                         |                                |                | 84             | City           |                |   |                                    |                                       |                                       | 85             | Zip                  | Code                                    |  |
| fa                          |                                |   |   |                         |                                |                | . [            |                |                |   |                                    |                                       | FL                                    |                |                      |   |  |
| 11. Pursuant t              | to the provision               | ons of Sections 617                           | 7.0502 an<br>State of F                 | id 617.15<br>Iorida, Si | 08, Florida St<br>ich channe w | alutes, the    | above<br>ed hy | e-named        | d corpora      | ation sub<br>'s board                       | omits th<br>Lof dire               | is statement for<br>ctors. I hereby a | the purpose of accept the accept      | chang<br>intme | ging il<br>ant as    | s registered<br>registered              |  |
| agent. I a                  | m familiar with                | ent, or both, in the S<br>h, and accept the o | obligation                              | s of, Sec               | tion 617.0503                  | , Florida St   | atutes         | 3.             | . poranor      |   |                                    | 010.017.110.027                       |                                       | .,,,,,,,,,     |                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| SIGNATURE .                 | Slending broad a               | or printed name of register                   | nd naon bo                              | 4 title K needi         | nahile (                       | (NOTE: Registe | rad Ano        | nt signatur    | vo toou ited y | whon roinet                                 | ation\                             |                                       | DATE                                  |                |                      |   |  |
| 12.                         | olgitature, typod c            | OFFICERS                                      |   |                         |                                | 13             |                | out pillulara  | - redoiled     |   | •                                  | CHANGES TO C                          |                                       | DIRE           | CIOF                 | RS IN 12                                |  |
| TITLE                       | D                              | OTTIOLIT                                      | 571110 01                               | ricoron                 | DELETE                         |                | TITLE          |                | D              |   |                                    | 01011020101                           |                                       | Cr             |                      | Addition                                |  |
| NAME                        | _                              | R, ALLEN U                                    |   |                         |                                |                | NAME           |                |                | e e r                                       | MAN                                | HING                                  |                                       |                | •                    |   |  |
| STREET ADDRESS              |                                | AMPA STREET                                   | 1710                                    | ,                       |                                |                |                | ADDRESS        |                |   |                                    | KUIRW                                 | PD.                                   |                |                      |   |  |
| CITY-ST-ZIP                 | TAMPA F                        |   |   |                         |                                |                | CITY-S         |                | LA             | 000   | <b>C</b> )                         | 33770                                 |                                       |                |                      |   |  |
| TITLE                       | D                              |   | • |                         | DELETE                         |                | TITLE          | 1 411          |                | 1440  | 41-04                              |                                       |                                       | ☐ Cř           | nange                | Addition                                |  |
| NAME                        | DAVIS, R                       | ANDY W  |   |                         |                                | 2.2            | NAME           |                |                |   |                                    |                                       |                                       |                |                      |   |  |
| STREET ADDRESS              |                                | AMPA STREET                                   | 17/0                                    |                         |                                | 23             | STREET         | ADDRESS        | :              |   |                                    |                                       |                                       |                |                      |   |  |
| CITY-ST-ZIP                 | TAMPA F                        |   | . ,                                     |                         |                                |                | CITY-8         |                |                |   |                                    |                                       |                                       |                |                      |   |  |
| TITLE                       | D                              |   |   |                         | DELFTE                         | ~              | TITLE          |                | 1              |   |                                    | ·                                     | · · · · · · · · · · · · · · · · · · · | ☐ Ct           | ange                 | Addition                                |  |
| NAME                        | HENRY. (                       | GEORGE H                                      |   |                         |                                | 3.2            | NAME           |                |                |   |                                    |                                       |                                       |                |                      |   |  |
| STREET ADDRESS              |                                | AMPA STREET                                   |   |                         | ,                              | 3.3            | STREET         | ADDRESS        | :              |   |                                    |                                       |                                       |                |                      |   |  |
| CITY-ST-ZIP                 | TAMPA F                        |   |   |                         |                                | 3.4.           | CITY-5         | ST-ZIP         |                |   |                                    |                                       |                                       |                |                      |   |  |
| TITLE                       |                                |   |   |                         | ☐ DELETE                       | 4.1            | TITLE          |                |                |   |                                    |                                       |                                       | Cł             | ange                 | Addition                                |  |
| NAME                        |                                |   |   |                         |                                | 4.2            | NAME           |                |                |   |                                    |                                       |                                       |                |                      |   |  |
| STREET ADDRESS              |                                |   |   |                         |                                | 4.3            | STREET         | ADDRESS        | ,              |   |                                    |                                       |                                       |                |                      |   |  |
| CITY-ST-ZIP                 |                                |   |   |                         |                                | 4.4            | CITY-S         | T- <b>Z</b> IP |                |   |                                    |                                       |                                       |                |                      |   |  |
| TITLE                       |                                |   |   |                         | DELETE                         |                | TITLE          |                |                |   |                                    |                                       |                                       | Ct             | nange                | Addition                                |  |
| NAME                        |                                |   |   |                         |                                | 5.2            | NAME           |                |                |   |                                    |                                       |                                       |                |                      |   |  |
| STREET ADDRESS              |                                |   |   |                         |                                | 5.3            | STREET         | ADDRESS        | ;              |   |                                    |                                       |                                       |                |                      |   |  |
| CITY-ST-ZIP                 |                                |   |   |                         |                                | 5.4            | CITY-S         | 1-ZIP          |                |   |                                    |                                       |                                       |                |                      |   |  |
| TITLE                       |                                |   |   | **                      | ☐ DELETE                       | 6.1            | TITLE          |                |                |   |                                    |                                       |                                       | Cr             | ange                 | Addition                                |  |
| NAME                        |                                |   |   |                         |                                | 6.2            | NAME           |                |                |   |                                    |                                       |                                       |                |                      |   |  |
| STREET ADDRESS              |                                |   |   |                         |                                | 6.3            | STREET         | ADDRESS        |                |   |                                    |                                       |                                       |                |                      |   |  |
| CITY-ST-ZIP                 | . <u></u>                      |   |   | <del></del>             | .,,,,                          | 6.4            | CITY-S         | 1-2IP          |                |   |                                    |                                       |                                       |                |                      |   |  |
|                             |                                |   |   |                         |                                |                |                |                |                |   |                                    |                                       |                                       |                |                      |   |  |

I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if hanged, or on an attachment with an address.