

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001851

1. Corporation Name

TOP COP RACING, INC.

Principal Place of Business

13864-106TH AVE N
SEMINOLE FL 34644
US

Mailing Address

13864-106TH AVE N
SEMINOLE FL 34644
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		07/06/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3203275	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		25		29	
30		31		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SHAFFER, ALLENW U
1701 N TAMPA STREET
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name **ROBERT R. HART**
82 Street Address (P.O. Box Number is Not Acceptable)
13864 106TH AV. No.
83
84 City **SEMINOLE** FL 85 Zip Code **33774**

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 *Robert R. Hart* **ROBERT R. HART TREASURER** 1-11-99
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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAFFER, ALLEN U	1.2 NAME	PAM PARKER MANNING
STREET ADDRESS	1701 N TAMPA STREET	1.3 STREET ADDRESS	1780 SOUTHVIEW RD
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	LARGO, FL 33770
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RANDY W	2.2 NAME	
STREET ADDRESS	1701 N TAMPA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANNING, JEFF	3.2 NAME	DONALD HUNT
STREET ADDRESS	1780 SOUTHVIEW RD	3.3 STREET ADDRESS	P.O. BOX 3371
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	TAMPA, FL 33601
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, ROBERT	4.2 NAME	
STREET ADDRESS	13864-106TH AVE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34644	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert R. Hart* **ROBERT R. HART**
Signature and typed or printed name of signing officer or director

1-26-99 727-582-6354
Date Daytime Phone #

CR2E037 (11/98)