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May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001887

1. Corporation Name

FLORIDA OUTBOARD RACING ASSOCIATION INC.

Principal Place of Business

2301 SW ABNER ROAD
 PT. ST. LUCIE FL 34953
 US

Mailing Address

2301 SW ABNER ROAD
 PORT ST. LUCIE FL 34953
 US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/13/1994 4. FEI Number 59-3214047 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

ELDREDGE, DAVID A.
 2301 SW ABNER ROAD
 PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent

81 Name	W.L. 'Bud' GANN
82 Street Address (P.O. Box Number is Not Acceptable)	6005 MT. LAKE DR.
83	
84 City	Lakeland FL
85 Zip Code	33813

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 *W.L. 'Bud' Gann* W.L. 'Bud' Gann Pres. 4-26-99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STELLA, STEVE	1.2 NAME	Linda Eldredge
STREET ADDRESS	2101 TANBARK LANE	1.3 STREET ADDRESS	6005 Mountain Lake Rd
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	Lakeland FL 33813
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, DOUG	2.2 NAME	
STREET ADDRESS	501 SW 8TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33991	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANK, TOM	3.2 NAME	
STREET ADDRESS	3528 LORI LANE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	3.4 CITY-ST-ZIP	
TITLE	O <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDREDGE, SHERRY	4.2 NAME	
STREET ADDRESS	2301 SW ABNER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKHAM, DAVID	5.2 NAME	
STREET ADDRESS	BOX 747	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO FL 32871	5.4 CITY-ST-ZIP	
TITLE	O <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINICK, JEAN	6.2 NAME	KAY Rumsey
STREET ADDRESS	167 MAE BELLE WAY	6.3 STREET ADDRESS	4738 Eagles Nest Rd
CITY-ST-ZIP	LAWRENCEVILLE GA 30044	6.4 CITY-ST-ZIP	Fruitland Park, FL 34731

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: *W.L. 'Bud' Gann* W.L. 'Bud' Gann 4-26-99 425-9114
 (941)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #