

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000014655 (4)

1. Corporation Name
RACING CLUB, INC.

Principal Place of Business Mailing Address
**3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082** **3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/01/1993 **06/27/1994**

4. FEI Number Applied For
59-3155315 Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **615 US HIGHWAY A1A N** 26 **615 US HIGHWAY A1A N**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 105** 27 **SUITE 105**
City & State City & State
23 **PONTE VEDRA BEACH, FL** 28 **PONTE VEDRA BEACH, FL**
Zip Zip
24 **32082** 25 **ST. JOHNS** 29 **32082** 30 **ST. JOHNS**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

WEST, ARTHUR F
3202 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH FL 32082

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, ARTHUR F	1.2 NAME	WEST ARTHUR F.
STREET ADDRESS	3202 SAWGRASS VILLAGE CIRCLE	1.3 STREET ADDRESS	615 US HIGHWAY A1A N, STE 105
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur F. West 4-13-95 904-285-6227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #