

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 3202 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082	Mailing Address 3202 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH FL 32082
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1993	3a. Date of Last Report 06/27/1994
4. FEI Number 59-3155315	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

TITLE	D
NAME	WEST, ARTHUR F
STREET ADDRESS	3202 SAWGRASS VILLAGE CIRCLE
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	WEST ARTHUR F.
1 3 STREET ADDRESS	615 US HIGHWAY AIA N, STE 105
1 4 CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 #