

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000005523 (4)

1. Corporation Name

COPE RACING, INCORPORATED



Principal Place of Business

4935 KIM LN
FT MYERS FL 33905

Mailing Address

4935 KIM LN
FT MYERS FL 33905

3. Date Incorporated or Qualified
01/19/1993

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0385777

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COPE, GREGORY P
4935 KIM LN
FT MYERS FL 33905

81 Name

Jim T. Sides

82 Street Address (P.O. Box Number is Not Acceptable)

2161 W. LAKEVIEW Blvd

83

84 City

No. Ft. Myers

FL

85 Zip Code

33903

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

Jim T. Sides

Jim T. Sides

2/14/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME
COPE, GREGORY P
STREET ADDRESS
4935 KIM LN
CITY - ST - ZIP
FT MYERS FL 33905

TITLE

☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

☐ DELETE

TITLE

1.1 TITLE

Business Manager

☐ Change ☒ Addition

1.2 NAME

Jim T. Sides

1.3 STREET ADDRESS

2161 W. LAKEVIEW Blvd.

1.4 CITY - ST - ZIP

No. Ft. Myers, FL 33903

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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: *Jim T. Sides*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim T. Sides

2/14/96

941-332-1616

CR2E034 (12/95)