FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 21 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025957 (0)

RINKER RACING, INC.

						88118 1288 BIOLE 18181 BIVIN 1881 1881
Principal Place of Business Mailing Address					n disprimmen eine amelde estes mitten dinter dimest	BELIO 19851 GITTE TRIBL OTITE LEBT 1881
911 EAST SKAGWAY AVENUE TAMPA FL 33604 US		911 EAST SKAGWAY AVENUE TAMPA FL 33604-1747 US				
,					3. Date Incorporated or Qualified 04/05/1993	3a. Date of Last Report 02/15/1996
Principal Place of Business Substituting the state of the sta		2a. Mailing Address 26	h		4. FEI Number 59-3175838	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
. Zip	Country Z _I p		Country		8. This corporation has liability for in	tangible tax under s. 199.032,
24	25 9. Name and Address of Curre	nt Populatored Agent	30 30		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
		iit negistereti Agent	8	1 Name	10. Name and Address of New Reg	istered Agent
	KER, TERRY J. EAST SKAGWAY AVENUE		L.		(0.0.0.1)	
TAN		8		dress (P.O. Box Number is Not Acceptabl	e)	
			L.			
·			8	1 - 7		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 Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D	☐ DELETE 1.1 TF				Change Addition
NAME	rinker, terry		1.2 NAME	:		[]
STREET ADDRESS	911 E SKAGWAY AVE		1.3 STREET ADDRESS			
DITY-ST-ZIP	TAMPA FL 33604		1.4 CITY	ST-ZIP		
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	CHAMBERS, JAMES A.		2.2 NAME			İ
STREET ADDRESS			2:3 STREE	1 ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY	-ST-ZIP		
TITLE	☐ DELETE 3.1°		3.1 TITLE			☐ Change ☐ Addition
NAME	3.		3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP		····	3.4. CITY	-ST-ZIP		
TITLE	DELETE 4.1		4.1 TITLE			Change Addition
NAME ·	!		4/2 NAM	ŧ		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CiTY-	ST-ZIP		
TITLE	DELETE 51TH		5.1 TITLE	1		☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE8	T ADDRESS		
CITY-ST-ZIP			5.4 C/TY-	ST-ZIP		
TUTE	DELETE 6.1		6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with address.