

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90099 047 \*\*\*150.00

DOCUMENT # P93000039985

1. Corporation Name  
WILAR RACING, INC.

Principal Place of Business

2049 E LEEWYNN DR  
SARASOTA FL 34240  
US

Mailing Address

2049 E LEEWYNN DR  
SARASOTA FL 34240  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1993

4. FEI Number

65-0415795

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3440 WILKINSON WOODS DR  
Suite, Apt. #, etc.

22 SARASOTA, FL.

City & State

23 34231 US

Zip

Country

2a. Mailing Address

25 3440 WILKINSON WOODS DR  
Suite, Apt. #, etc.

27 SARASOTA, FL

City & State

28 34231 US

Zip

Country

9. Name and Address of Current Registered Agent

ROWELL WILLIAM A  
2049 E LEEWYNN DR  
SARASOTA FL 34240

NEW ADDRESS  
ONLY

10. Name and Address of New Registered Agent

81 Name

WILLIAM A. ROWELL

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

3440 WILKINSON WOODS DR

83

84 City

SARASOTA

FL

85 Zip Code

34231

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 WILLIAM ROWELL

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 8/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME ROWELL, WILLIAM A  
STREET ADDRESS 2049 E LEEWYNN DR  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME ROWELL, WILLIAM A.  
1.3 STREET ADDRESS 3440 WILKINSON WOODS DR.  
1.4 CITY-ST-ZIP SARASOTA, FL. 34231

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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 8/99

941-927-0617

CR2E034 (11/98)