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FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000050414 (0)

1. Corporation Name

FASTRAC IDEAS, INC.

Principal Place of Business

605 NW 2ND ST
HIGH SPRINGS FL 32643
US

Mailing Address

P.O. BOX 2579
HIGH SPRINGS FL 32643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

4. FEI Number

59-3196056

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

32655

30

9. Name and Address of Current Registered Agent

MANN, DON
RT 1 BOX 609
FT WHITE FL 32038

10. Name and Address of New Registered Agent

81 Name

Joel Knight

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

Rt 2 Box 9227

83

84 City

Ft. White

FL

85 Zip Code

32038

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

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

Joel Knight - President

2-28-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME MCROBERTS, AMY
STREET ADDRESS 3649 NE 71ST AVE
CITY-ST-ZIP HIGH SPRINGS FL

TITLE VD ☐ DELETE
NAME KNIGHT, RALPHINE
STREET ADDRESS RT 2 BOX 362 E
CITY-ST-ZIP FT WHITE

TITLE STD ☒ DELETE
NAME MCROBERTS, AMY
STREET ADDRESS 3649 NE 71ST AVE
CITY-ST-ZIP HIGH SPRINGS 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Joel Knight
1.3 STREET ADDRESS Rt 2 Box 9227
1.4 CITY-ST-ZIP Ft. White, Fl. 32038

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Ralphine S. Knight
2.3 STREET ADDRESS Rt. 2 Box 9227
2.4 CITY-ST-ZIP Ft. White, Fl. 32038

3.1 TITLE Secretary ☐ Change ☒ Addition
3.2 NAME Ralphine S. Knight
3.3 STREET ADDRESS Rt. 2 Box 9227
3.4 CITY-ST-ZIP Ft. White, Fl. 32038

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, or on an attachment with an address.

SIGNATURE

Joel Knight

2-28-98

Don Mortham

CR2E034 (10/97)