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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000056062 (1)

**DOCUMENT #** 

**BOSSET RACING, INC.** 

Principal Place of Business

Mailing Address

11 TWELVE OAKS TRAIL

11 TWELVE OAKS TRAIL



ORMOND BEACH FL 32174		ORMOND BEACH FL 32174							
						3. Date incorporated or Qualified 08/06/1993	3a. Date of Last (		
2. Principal Pl.	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21 26						59-3200516		Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	5 Additional	
22		27					Fee	Required	
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution		00 May Be	
23		28	·					led to Fees	
Zip	Country	Ζφ		Country		8. This corporation has liability for Florida Statutes ☐ Yes	intangible tax under :	8 189.032,	
24	9. Name and Address of Currer	29	30			10. Name and Address of New F			
	9. Name and Address of Corre	it negistered Agent		81	Name	10. 110.110.110.110.110.110.110.110.110.			
HEEBNER, PETER B									
				32 Street Address (P.O. Box Numitier is Not Acceptable)					
	. HALIFAX AVE			83					
DATI	ona Beach Fl			"	1				
				84	City		E1 85	Zip Code	
44.6	40-44-607.0500	and CO2 1500 Florida Statu	dec the	observe.	L corpo	ration submits this statement for the pu	roose of changing its	registered office	
or registe	red agent, or both, in the State of Flori ith, and accept the obligations of, Sec	da. Such change was authori	ized by t	he con	oration's boa	rd of directors. Thereby accept the app	ointment as registere	ed agent. I am	
SIGNATURE	Signature, typed or protectiver elof recircle est ager	tand the mappenesses (A	vide Rega	tored Age	of signature require	al whole necessating	DATE		
12.		D DIRECTORS		13.		ADDITIONS CHANGES TO OF	ICERS AND DIRECT	ORS IN 12	
TITLE	D	DELETE		1 1111116			Change	e 🔲 Additron	
NAME	BOSSET, CHRISTIAN		1	L2 NAME					
STREET ADDRESS	11 TWELVE OAKS TR			1 3 S*REE	I ADORESS				
CITY-ST-ZIP	ORMOND BEACH FL 32174		•	1.4 O(F) - \$1 - 2(P)					
TITLE	D	☐ DELETE		2 1 TITLE			Change	e 🔲 Addition	
NAME	BOSSET, JEFFREY		:	2.2 NAME					
STREET ADDRESS	11 TWELVE OAKS TR			23 STREE	I ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL 32174			2.4 C-TY -	ST-ZP				
TITLE	☐ DELETE			3 1 TITLE			: Chang	e 🔲 Addition	
NAME				3.2 NAME					
STREET ADDRESS				33 STREE	1 ADDRESS				
CITY - \$1 - ZIP				3 4 CITY -	ST-ZIP				
TITLE		DELETE		4 1 TIPLE			Chang	e 🔲 Addition	
NAME			ı	4.2 NAME					
STREET ADDRESS	·			4 3 STR&F	LADORESS				
CITY - ST - ZIP				4.4 CHY-	ST - ZIP				
TITLE		☐ DELETE		5 1 TITLE			Chang	e 🗌 Addition	
NAME				5 2 NAME					
STREET ADDRESS				5 3 STREE	1 ADDRESS				
CITY - ST - ZIP				5 4 CITY -	5!-ZiP				
TITLE		DELETE		6 1 THLE			Chang	je 🔲 Addition	
NAME			•	6 2 NAME					
STREET ADDRESS				63 STREE	T ADDRESS				
CITY-ST-ZIP				6 4 CHY-	ST - ZIP				
14. I do here	by certify that the information supplied	with this filing is voluntarily fu	imished	and do	es not qualify	for the exemption stated in Section 113	3.07(3)(k), Florida Sta	tutes. 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 logal effect as if made under oath, that I am an officer or director of this 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 challinged or on an attachment with an address.

**SIGNATURE:** 

904) 428-6461