

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

FILED  
Apr 13 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 # P93000081059 (6)

1. Corporation Name

CAPE CORAL PACING, INC.

Principal Place of Business

Mailing Address

2516 SE 25TH AVE.  
CAPE CORAL FL 33904

2516 SE 25TH AVE.  
CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1993

4. FEI Number

65-0449483

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 11091 Championship Dr.

Suite, Apt. #, etc.

22

City & State

23 Ft. Myers, FL

24 33913

25 USA

2a. Mailing Address

26 11091 Championship Dr.

Suite, Apt. #, etc.

27

City & State

28 Ft. Myers, FL

29 33913

30 USA

9. Name and Address of Current Registered Agent

MCDONALD, FRANCES  
2516 SE 25TH AVENUE  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name McDonald, Frances

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

11091 Championship Dr.

83

City

Ft. Myers

FL

85 Zip Code

33913

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

Frances McDonald

Frances McDonald

4-2-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TS ☐ DELETE

NAME MCDONALD, FRANCES  
STREET ADDRESS 2516 SE 25TH AVENUE  
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☐ DELETE

NAME MCDONALD, JEFFREY  
STREET ADDRESS 2516 SE 25TH AVE.  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ DELETE

NAME MAJORINO, THOMAS  
STREET ADDRESS 301 DORAL DR  
CITY-ST-ZIP BLACKWOOD NJ 08012

TITLE P ☐ DELETE

NAME MCDONALD, TIMOTHY  
STREET ADDRESS 2516 SE 25TH AVE  
CITY-ST-ZIP CAPE CORAL FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE: Frances McDonald Frances McDonald 4-2-98 941-561-6404

CP2E034 (10/97)