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

DOCUMENT # P94

P94000017617 (9)

BOSS RACING, INC.

Principal Place of Business

Mailing Address

2121 N. W. HIGHWAY 19 CRYSTAL RIVER FL 34428 2121 N. W. HIGHWAY 19 CRYSTAL RIVER FL 34428



					3. Date Incorporated or Qualified 03/01/1994	3a. Date of Last 1 04/14/	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3256285		Not Applicable
Suite, Apt. # 22	, e tc.	Suite, Apl. #, etc.			5. Certificate of Status Desired	1 1 7	5 Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May 1 Added to Fee		
Ζφ 31	Country	Zip	Count	y	8. This corporation has liability for i		s 199.032,
4	9. Name and Address of Current	29 Agent	30		Florida Statutes Yes 10. Name and Address of New R	_	
	g. Hamballa Planton	r negistered Agent	В	1 Name	IV. Italie and Address of Item (I	ogisteren Agent	
COIDE	R, JOHN						
	r, Junin Fort Island Trail		6	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
SUITE			8	3			
	AL RIVER FL 34429		L.				
Chisi	AL RIVER FL 34429		8	4 City		FL 85 2	ip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508. Florida Stalu	ites, the above	-pamed como	ration submits this statement for the pur		registered office
or registere	d agent, or both, in the State of Florid), and accept the obligations of, Section	 a. Such change was author. 	zed by the cor	poration's boa	ird of directors. I hereby accept the appoint	pintment as registere	d agent. I am
	i, a io accept the colligations of, Section	on our vous, riorida Statute	15.				
SIGNATURE :	ignature. Typical or pointed that in of registered agent a	and the rapporable (N	D1E: Registered Ad	unt signature require	od when reinstating	DATE	
12.	OFFICERS AND		13.	3	ADDITIONS/CHANGES TO OFFI		ORS IN 12
N/LF	DP	DELETE	1 1 1 ITL			☐ Change	
NAME	BROWN, ROY F.		1.2 NAM				-
STREET ADDRESS	841 N O'BRIAN PT		1.3 STRE	ET ADDRESS			
i				1			
CITY - ST - ZIP	LECANTO FL 34461		1.4 CITY	-SI-ZIP			
	LECANTO FL 34461 DV	DELETE	1.4 CITY 2 1 THL			☐ Change	Addition
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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 appendix with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-96 (352)195. 4981

CR2E034 (12/95)