FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 20 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000017812 (6)**

1. Corporate Name

SPECIALTY RACING, INC.

Principal Place of Business

5820 SATEL DRIVE
ORLANDO FL 32810-4958

Mailing Address

5820 SATEL DRIVE
ORLANDO FL 32810-4958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/02/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / County — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / County — 30

4. FEI Number: **59-3235168** ☐ 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 is subject to provisions of Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TURNER, KATHERINE E
5820 SATEL DRIVE
ORLANDO FL 32810-4958

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1005 and 607.1008 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

12. OFFICERS AND DIRECTORS

01 NAME AND ADDRESS	President/Director Kathy E. Turner 5820 Satel Dr Orl FL 32810-4958
02 NAME AND ADDRESS	VP/Director Jeanette Roth 6051 Kinneal Bch Dr Apopka FL 32703
03 NAME AND ADDRESS	Sec/Treas/Director Catherine Stephens 5820 Satel Dr Orl FL 32810-4958
04 NAME AND ADDRESS	
05 NAME AND ADDRESS	
06 NAME AND ADDRESS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 NAME AND ADDRESS	☐ Change ☐ Addition
02 NAME AND ADDRESS	☐ Change ☐ Addition
03 NAME AND ADDRESS	☐ Change ☐ Addition
04 NAME AND ADDRESS	☐ Change ☐ Addition
05 NAME AND ADDRESS	☐ Change ☐ Addition
06 NAME AND ADDRESS	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true, complete 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 above, or on an attachment with an address.

SIGNATURE: Katherine E. Turner — April 17, 1995 — 407/644-8489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katherine E. Turner

0050306 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # P94000018269 (8)

1. Corporate Name
SCOTT SAUNDERS P.A.

Principal Place of Business:
333 FLEMING ~~RD~~ STREET
KEY WEST FL 33040

Mailing Address:
333 FLEMING ~~RD~~ STREET
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1994
3a. Date of Last Report:
4. FEI Number: 65-0478620 — 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. Florida Statutes [✓] Yes [ ] No

2. Principal Place of Business — 21, 22, 23, 24, 25
2a. Mailing Address — 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

~~DENKER, MITCHELL~~
~~1109 STUMP LANE~~
~~KEY WEST FL 33040~~

10. Name and Address of New Registered Agent

B1 Name: Scott Saunders
B2 Street Address (P.O. Box Number is Not Acceptable): 333 Fleming Street
B3
B4 City: Key West FL B5 Zip Code: 33040

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: [signature] 4-25-95

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: SAUNDERS, SCOTT
STREET ADDRESS: 333 FLEMING ~~RD~~ Street
CITY-ST-ZIP: KEY WEST FL 33040

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), 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: [signature] 4-25-95 (305) 294-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000053 CP