

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000028133 (4)

1. Corporation Name

MIKE COPE RACING ENTERPRISES, INC.



Principal Place of Business

5580 76TH AVE N  
PINELLAS PARK FL 34665

Mailing Address

5580 76TH AVE N  
PINELLAS PARK FL 34665

3. Date Incorporated or Qualified

04/11/1994

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

21 9080 58th St N.

Suite, Apt. #, etc.

22 City & State

23 Pinellas Park, FL

24 34665

25 Pinellas

2a. Mailing Address

26 112 C Sulphur Springs Rd

Suite, Apt. #, etc.

27 City & State

28 Greenville SC

29 29609

30 Greenville

4. FEI Number

59-3226742

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOUTHBY, CHARLES D SR  
2801 52ND LN N  
ST PETERSBURG FL 33710

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

(NOTE: Registered Agent Signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
COPE, MICHAEL S  
5580 76TH AVENUE NORTH  
PINELLAS PARK FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
S  
COPE, JANE I  
5580 76TH AVENUE NORTH  
PINELLAS PARK FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
P  
COPE, MICHAEL S  
112C Sulphur Springs Rd  
Greenville, SC

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
S  
COPE, JANE I  
112C Sulphur Springs Rd  
Greenville, SC

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-194 910434-6775  
Date  
Cyrilne F. Foy

CR2E034 (12/95)