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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000008550 (2)

SANFORD SLOT CAR & HOBBY, INC.

SANFORD FL 32773

Mailing Address Principal Place of Business 2613 ORLANDO DRIVE 2613 ORLANDO DRIVE SANFORD FL 32773 SANFORD FL 32773 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Ζφ Country X Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RUSSELL, DAVID A Street Address (P.O. Box Number is Not Acceptable) 2613 ORLANDO DRIVE R3 SANFORD FL 32773 Zip Code City 85 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 (NOTE: Registered Agent signature required which reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1 1 TITLE RUSSELL, DAVID A 1.2 NAME NAME 2613 ORLANDO DRIVE 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL 32773 1.4 CITY - ST - ZIP CITY-ST-ZIP ■ Addition ☐ Change DELETE. 2.1 TITLE TITLE 2.2 NAME GALLAHAN, RAYMOND NAME 2613 ORLANDO DRIVE 2.3 STREET ADDRESS STREET ADDRESS

2.4 CITY - ST - ZIP

3 3. STREET ADDRESS

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3. 1 TITLE

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4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

64 CITY-ST-ZIP

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)(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 han attachment with an address.

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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WHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

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Daytime Phone #

Change

Change

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CR2E034 (12/95)