1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90251 042 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Ir corporated or Qualifed

| DOCUMENT # | P95000034644 |
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| 1 Cornoration Name | . 000000. |

SLO-MO-SHUN RACING, CORPORATION

Principal Place of Business 2000-3 51ST STREET SARASOTA FL 34234

Mailing Address 2060-3 51 ST STREET

SARASOTA FL 34234

05/03/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principa Place of Business 1962 WHITFIELD PARK DEF 28 4900 TRAYLOR AVE 65-0603429 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certifcate of Status Desired Fee Recuired # 2 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees SOLOSOTA Trust Fund Contribution SPARSOTA 28 Country 8. This corporation owes the current year intangible []No ☐ Yes 29 3473 Personal Property Tax. 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CORPCO, INC. Street Acdress (P.O. Box Number is Not Acceptable) 82 2699 S. BAYSHORE DRIVE 7TH FLOOR 83 **MIAMI FL 33133** 85 Zip Code 84 City 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 bolh, 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 (NOT = Registered Agent signature required when reinstating) DATE Signature, typed or printed na ne 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 TITLE NAGLER, WYLIE 1.2 NAME NAME 2060-3 51ST STREET 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change DELETÉ 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 corpora ion of the report in the report of the corpora ion of the report in the report of the corpora ion of the report in the report of the corpora in that my name appears in Block 12 or Block 13 if changes of the report of the corpora in that my name appears in Block 12 or Block 13 if changes of the report of the corpora in the report of the corporation of the report of the

SIGNATURE:

YELD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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