

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000044433 (7)**

1. Corporation Name
REEDER RACING, INC.



Principal Place of Business Mailing Address
7430 MARKET STREET SOUTHPORT FL 32409

3. Date Incorporated or Qualified **06/01/1995** 3a. Date of Last Report
4. FEI Number **59-3321519** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**REEDER, WILLIAM C
7430 MARKET STREET
SOUTHPORT FL 32409**

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 607.1503, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1. TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2. NAME	WILLIAM C. REEDER	
STREET ADDRESS	3. STREET ADDRESS	7430 MARKET ST	
CITY - ST - ZIP	4. CITY - ST - ZIP	SOUTHPORT, FL 32409	
TITLE <input type="checkbox"/> DELETE	2. TITLE		
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY - ST - ZIP	2.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE	3.1 TITLE		
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY - ST - ZIP	3.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE		
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY - ST - ZIP	4.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	900001787899 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME	-04/22/96--01014--009	
STREET ADDRESS	5.3 STREET ADDRESS	***200.00	
CITY - ST - ZIP	5.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE		
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY - ST - ZIP	6.4 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)(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: *William C. Reeder* **WILLIAM C. REEDER** **4-3-96** **(904)271-3474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)