## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000044433**

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

REEDER RACING, INC.

Principal Place of Business Mailing Address					I (BEHOE) II I III DI DIN DON ED	11 88311 88111 B1811 B1811 B11	
7430 MARKET STREET 7430 MARKET STREET SOUTHPORT FL 32409 SOUTHPORT FL 32409					DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					06/01/1995		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<del></del>	Applied For	
21		26			59-3321519		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.0</b>	0 May Be	
23		28		Trust Fund Contribution Added to Fees			
Zip	Country Zip		_ `	Country  8. This corporation owes the current year Intangible Personal Property Tax  Yes		· -	INO NO
24	25		10		Personal Property Tax.  10. Name and Address of New R		<u> </u>
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New N	egistered Agent	
REE	DER, WILLIAM C			Hame			
7430 MARKET STREET				Street Addr	ress (P.O. Box Number is Not Accepta	ble)	
SOUTHPORT FL 32409			83			The state of the	
				City	<u> </u>	85 Zi	p Code
						FL   T	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autl	horized by	the corporation	oration submits this statement for the on's board of directors. I hereby accep	purpose of changing i t the appointment as	ts registered registered
SIGNATURE					· · · · · · · · · · · · · · · · · · ·	DATE	
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	13.	nt signature require	d when reinstating) ADDITIONS/CHANGES TO OF		TORS IN 12
TITLE	P	DELETE	1.1 TITLE		,	☐ Change	
NAME	REEDER, WILLIAM C		1.2 NAME		, ,		
	7430 MARKET ST.			TADORESS		·	
STREET ADDRESS	SOUTHPORT FL 32409						ŀ
CITY-ST-ZIP TITLE	300111FORT FL 32409	☐ DELETE	1.4 CITY-5 2.1 TITLE	51-ZIP		☐ Change	e Addition
NAME		<u> </u>	2.2 NAME			3	_
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			}
TITLE		☐ DELETE	3.1 TITLE			☐ Chang	e Addition
NAME			3.2 NAME				ì
STREET ADDRESS			3.3 STREE	T ADDRESS		and the second	
CITY-ST-ZIP			3.4. CfTY-1	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	<u>,</u>	
TITLE	· market	☐ DELETE	4.1 TITLE		•	. : . Change	e . 🗌 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4.4 CITY- 9	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e
	i e e e e e e e e e e e e e e e e e e e		5 2 NAME	1			1

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 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

Change

Addition

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 02-09-1999 90014 035 \*\*\*150.00