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 # **P95000049857 (2)**

1. Corporation Name
M.T. POCKETS RACING TEAM, INC.

Principal Place of Business
401 SILVER HILL DRIVE
VALRICO FL 33594

Mailing Address
401 SILVER HILL DRIVE
VALRICO FL 33594

2. Principal Place of Business
21 10915 U.S. Hwy 92 E.
Suite, Apt. #, etc.
22
City & State
23 Seffner FL
Zip 24 33584 Country 25 USA

2a. Mailing Address
26 P.O. BOX 17202
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL
Zip 29 33682 Country 30 USA

3. Date Incorporated or Qualified: 06/23/1995
3a. Date of Last Report:

4. FEI Number: 65-0625546 ☐ 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
BRUST, JANICE
401 SILVER HILL DRIVE
VALRICO FL 33594

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10915 U.S. Hwy 92 E
83
84 City Seffner FL 85 Zip Code 33584

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BRUST, JANICE	
STREET ADDRESS	401 SILVER HILL DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	☐ DELETE
NAME	BRUST, SCOTT	
STREET ADDRESS	401 SILVER HILL DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☑ Change ☐ Addition
1.2 NAME	Brust, Janice	
1.3 STREET ADDRESS	US. Hwy 92 E	
1.4 CITY-ST-ZIP	Seffner, FL 33584	
2.1 TITLE	S	☑ Change ☐ Addition
2.2 NAME	Brust, Scott	
2.3 STREET ADDRESS	U.S. Hwy 92 E	
2.4 CITY-ST-ZIP	Seffner, FL 33584	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Janice L. Brust — 30-April-96 — (813)971-6261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)