

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000066959 (4)

1. Corporation Name

MAD MAX RACING, INC.

Principal Place of Business

Mailing Address

% THOMAS C. HERRELL, PA. CPA
12734 KENWOOD LANE, STE. 49
FT. MYERS FL 33907

% THOMAS C. HERRELL, PA. CPA
12734 KENWOOD LANE, STE. 49
FT. MYERS FL 33907



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/30/1995

3a. Date of Last Report

NA

4. FEI Number

65-0610421

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

10. Name and Address of New Registered Agent

BROWN, MALCOLM F
3435 ENTERPRISE AVE., #23
NAPLES FL 33942

REMOVE

SCHMITT, ADAM J
3300 BINNACLE DR #204
Naples, FL 33940

81 Name

ADAM SCHMITT

82 Street Address (P.O. Box Number is Not Acceptable)

3300 BINNACLE DR. #204

83

84 City

NAPLES

FL

85 Zip Code

33940

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 607.0503, Florida Statutes.

SIGNATURE

(Signature of Registered Agent required if agent and firm is applying)

(Signature of Registered Agent required if agent is applying)

DATE

6-10-96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SCHMITT, ADAM J	
STREET ADDRESS	3300 BINNACLE DR., #204	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	☒ DELETE
NAME	BROWN, MALCOLM F	
STREET ADDRESS	3435 ENTERPRISE AVE., #23	
CITY-ST-ZIP	NAPLES FL 33942	
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

11 TITLE	DIRECTOR, PRESIDENT/SEC.	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		☐ Change ☐ Addition

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 in 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with a valid address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

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