

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

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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000075162 (4)

1. Corporation Name
RACE ROCK OF ORLANDO, INC.

FILED
97 JUL 24 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8986 INTERNATIONAL DRIVE
ORLANDO FL 32819

Mailing Address
8986 INTERNATIONAL DRIVE
ORLANDO FL 32819-8321

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
09/28/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3336643

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City
Tallahassee FL 85 Zip Code
32301

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

David Shelly

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MOORE, ROBERT B
501 NORTH BROADWAY
ST LOUIS MO ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NEWMAN, ANDREW E
501 NORTH BROADWAY
ST LOUIS MO ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
8000 Maryland Ave., Suite 375
St. Louis, MO 63105-3752

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
CEO, Treas. & Director
8000 Maryland Ave., Suite 375
St. Louis, MO 63105-3752

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
300002246393--6

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 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.

SIGNATURE

David Shelly

6/30/97

CR2E034 (9/96)



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ACCOUNT NO. : 072100000032

REFERENCE : 472071 5017647

AUTHORIZATION :

Patricia Pijet
~~\$ 37.00~~ \$ 50.00

COST LIMIT :

ORDER DATE : July 23, 1997

ORDER TIME : 9:35 AM

ORDER NO. : 472071-005

CUSTOMER NO: 5017647

CUSTOMER: Connie Walsh, Legal Assistant
Bryan Cave LLP
One Metropolitan Square
211 North Broadway
St. Louis, MO 63102-2750

CHANGE OF AGENT

NAME: RACE ROCK OF ORLANDO, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Daniel W Leggett

RECEIVED
97 JUL 25 11:17

RECEIVED
97 JUL 24 11:50