

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90239 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000080462

1. Corporation Name
INSIDE LINE RACING, INC.

Principal Place of Business
321 E. 3RD STREET
CHULUOTA FL 32766
US

Mailing Address
P O BOX 660596
CHULUOTA FL 32766
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

59-3348395

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WHITNEY, LAURA A
471 E 5TH ST
CHULUOTA FL 32766

10. Name and Address of New Registered Agent

81

Name

Green, Cathy L.

82

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

321 E. 3rd Street

83

84

City

chuluota

FL

85

Zip Code

32766

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, ROBERT	1.2 NAME	
STREET ADDRESS	471 E 5TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL 32766	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWELLEY, T. GLEN	2.2 NAME	President
STREET ADDRESS	471 E 5TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL 32766	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CATHY L	3.2 NAME	
STREET ADDRESS	471 E 5TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL 32766	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITNEY, LAURA A	4.2 NAME	
STREET ADDRESS	471 E 5TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL 32766	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/99

Date

407-365-8061

Daytime Phone #

CR2E034 (11/98)