

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90014 015 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000021551**

1. Corporation Name

**CANIFF RACE DESIGNS, INC.**



Principal Place of Business

5585 US HWY ONE  
GRANT FL 32949

Mailing Address

5585 US HWY ONE  
GRANT FL 32949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/06/1996**

2. Principal Place of Business

21 **1626 S.E. VILLAGE GREEN DR**

2a. Mailing Address

26 **1626 SE VILLAGE GREEN DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**59-3368369**

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CANIFF, CHAD  
5585 US HWY ONE  
GRANT FL 32949**

10. Name and Address of New Registered Agent

81 Name

**CANIFF, CHAD**

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

**312 HOLLY AVE**

83

84 City

**PT. ST. LUCIE**

**FL**

85 Zip Code

**34952**

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

12. OFFICERS AND DIRECTORS

TITLE **PV** ☐ DELETE

NAME **CANIFF, CHAD**  
STREET ADDRESS **5585 US HWY ONE**  
CITY-ST-ZIP **GRANT FL**

TITLE **TS** ☐ DELETE

NAME **BEASLEY, JOAN**  
STREET ADDRESS **5585 US HWY ONS**  
CITY-ST-ZIP **GRANT FL**

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 **PV** ☒ Change ☐ Addition

1.2 NAME **CANIFF, CHAD**  
1.3 STREET ADDRESS **312 HOLLY AVE**  
1.4 CITY-ST-ZIP **PT. ST. LUCIE, FL. 34952**

2.1 TITLE **TS** ☒ Change ☐ Addition

2.2 NAME **BEASLEY, JOAN**  
2.3 STREET ADDRESS **312 HOLLY AVE**  
2.4 CITY-ST-ZIP **PT. ST. LUCIE, FL. 34952**

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 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:

**Joan Beasley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-14-99**

Date

**561-398-4626**

Daytime Phone #

CR2E034 (5/99)

0108019

Caniff Race Designs, Inc.  
1626 S.E Village Green Drive  
Port St. Lucie Fla 34952  
561-398-4626

P96000021551  
593859-9001415

July 14, 1999

Florida Department of State  
Annual Reports Filings  
P.O. Box 1500

Tallahassee, Fl 32302-1500

To-whom.it may concern:

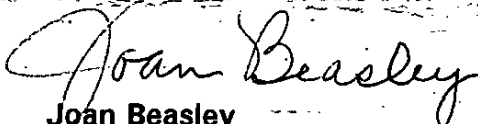
RE:FEI #59-3368369

We are in receipt of the attached profit corporation annual report packet second notice, however we never received a first notice. This is most probably due to the fact we moved and have had problems with the post office and the new property owners not forwarding our mail.

We have made the appropriate changes in blocks 2, 2a, 10 and 13, updating address information. Attached is our check #1620 in the amount of \$150.00 for our 1999 Annual Report filing fee.

If you have any questions, please do not hesitate to call us.

Sincerely



Joan Beasley  
Secretary-Treasurer