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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045390 (7)

RACE COAST ENTERPRISES OF DAYTONA, INC.

Principal Place of Business

Mailing Address

FILED Feb 24 1998 8:00am Secretary of State



150 N NOVA HOLLY HILL F US		15 IN NOVA RD HOLLY HILL FL 32117 US		DO NOT WRITE IN THIS  3. Date incorporated or Qualified  05/29/1996	SPACE
——————————————————————————————————————	ace of Business	2a, Mailing Address	A	4. FEI Number	Applied For
21 56	N. Nova KD	26 531 Jacobs	son Ave	59-3379691	Not Applicable
Suite, Apt. (		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Hill, FL	City & State  28 Holly Hill, I	FL.	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Ball7	Country 25 USA		Country 30 USA		☐ Yes ☐ No
9. Name and Address of Current Registered Agent  SUGGS, RICHARD G  807 AVONDALE AVENUE HOLLY HILL FL 32117  82 Street Address (P.O. Box Number is Not acceptable)  83 Jacobson Ave  84 City Holly Holl					
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named providing 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					
12.		ID DIRECTORS			
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	SUGGS, RICHARD G		1.2 NAME		C cuarde C Mourou
STREET ADDRESS	531 JACOBSON AVE		1.3 STREET ADDRESS		
CITY-S1-ZIP	HOLLY HILL FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	SUGGS, PATRICIA L		22 NAME		Change Addition
STREET ADDRESS	531 JACOBSON AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL		2 4 CITY-ST-ZIP		1
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. Thereby 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 polylemental 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 employment of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it changed, or on an attachment with an adjects.

SIGNATURE

2/20/98