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

FILED Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name P96000101410 (4) STEVE'S TRACKHOE, INC. Principal Place of Business Mailing Address 6970 POMPER RD 6970 POMPEII RD ORLANDO FL 32822 ORLANDO FL 32822 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 12/17/1996</u> 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3410823 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SHAFER, STEPHEN M 6970 POMPEN RD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32822 83 City Zip Code 85 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 registored 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change Addition SHAFER, STEPHEN M NAME 1.2 NAME 6970 POMPEII RD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 TITLE Change Addition NAME Tupper, teena 22 NAME STREET ADDRESS 6970 POMPEII RD 2.3 STREET ADDRESS ORLANDO FL 32822 CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP 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 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.

5.4 CITY - ST - ZIP

6.3 STREET ADORESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-S1-ZIP

STREET ADDRESS

TITLE

LI LIKESTA

DELETE

4-9-98

407-275-8531

Change

Addition

(10/97

CR2E034