

**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90001 022 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT #**

1. Corporation Name

G+S Motorsports

Principal Place of Business

None

Mailing Address

1350 Foxworth Rd  
Chipley, FL 32428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/97

4. FEI Number

59-3447158

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 None

Suits, Apt. #, etc.

2a. Mailing Address

26 1350 Foxworth Rd

Suite, Apt. #, etc.

22 City &amp; State

23 Chipley, FL

Zip Country

24 32428 25 Washington

27 City &amp; State

28 Chipley, FL

Zip Country

29 32428 30 Washington

9. Name and Address of Current Registered Agent

(George J) Fisher (Shacey M Fisher)  
1350 Foxworth Rd  
Chipley, FL 32428

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 use if applicable.

(NOTE: Registered Agent signature required when consisting)

DATE

**12. OFFICERS AND DIRECTORS**TITLE President ☐ DELETE

NAME George J Fisher

STREET ADDRESS 1350 Foxworth Rd

CITY-ST-ZIP Chipley, FL 32428

TITLE ~~Shacey M Fisher~~ ☐ DELETE

NAME Shacey Fisher

STREET ADDRESS 1350 Foxworth Rd

CITY-ST-ZIP Chipley, FL 32428

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

**SIGNATURE:**

Shacey M Fisher Shacey M Fisher Treasurer

Date

5/24/99

Daytime Phone #

850-526-3405

CR2E034 (11/98)