

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90164 032 ***150.00

DOCUMENT # P97000047551

1. Corporation Name

SOUTHERN RACING ASSOCIATES, INC.



Principal Place of Business

~~121 N. OSCEOLA AVE STE 300~~
~~CLEARWATER FL 33755~~

US
10103 9th St N. Ste A
St. Petersburg FL 33716

Mailing Address

~~121 N. OSCEOLA AVE STE 300~~
~~CLEARWATER FL 33755~~

US
PO Box 5923
Winter Park FL 32793

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

59-3461909

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 10103 9th St. N.

Suite, Apt. #, etc.

22 A

23 St. Petersburg FL

24 33716

2a. Mailing Address

26 P.O. Box 5923

Suite, Apt. #, etc.

27 Winter Park FL

28 32793

29 32793

9. Name and Address of Current Registered Agent

~~LOGAN FRANK C~~
~~121 N OSCEOLA AVE STE 300~~
~~CLEARWATER FL 34615~~

10. Name and Address of New Registered Agent

81 Name Daniel M Doyle Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
10103 9th St. N. Ste A

83

84 City St. Petersburg FL

85 Zip Code 33716

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

4-20-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DOYLE, JR DANIEL M
STREET ADDRESS 121 N OSCEOLA AVE STE 300
CITY-ST-ZIP CLEARWATER FL 33755

TITLE VP
NAME DOYLE, DANIEL M
STREET ADDRESS 121 N OSCEOLA AVE STE 300
CITY-ST-ZIP CLEARWATER FL 33755

TITLE SD
NAME LOGAN FRANK C
STREET ADDRESS 121 N OSCEOLA AVE STE 300
CITY-ST-ZIP CLEARWATER FL 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 10103 9th St. N. Ste A
1.4 CITY-ST-ZIP St. Petersburg FL 33716

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 10103 9th St. N. Ste A
2.4 CITY-ST-ZIP St. Petersburg FL 33716

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99

CR2E034 (11/98)