

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

FILED  
May 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000057058 (4)

1. Corporation Name

BABOR PERFORMANCE MOTORS, INC.



Principal Place of Business

Mailing Address

627A PINELLAS STREET  
CLEARWATER FL 34616

627A PINELLAS STREET  
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 627 A Pinellas St

26 627 A Pinellas St

22 Clearwater, FL

27 Clearwater

23 City & State

28 City & State

24 Zip 33756

29 Zip FLORIDA

25 Country US

30 Country US

g. Name and Address of Current Registered Agent

BABOR, THERESA M  
3404 KEENE LAKE DR.  
LARGO FL 34641-1340

3. Date Incorporated or Qualified

06/27/1997

4. FET Number

59-3456967

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

BABOR, THERESA M

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

222 ARBOR DR. E.

83

84 City

PALM HARBOR

FL

85 Zip Code

34683

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 the Approver

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BABOR, GEORGE F  
STREET ADDRESS 3404 KEENE LAKE DR.  
CITY-ST-ZIP LARGO FL 34641-1340

TITLE STD ☐ DELETE

NAME BABOR, THERESA M  
STREET ADDRESS 3404 KEENE LAKE DR.  
CITY-ST-ZIP LARGO FL 34641-1340

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 PD ☒ Change ☐ Addition

1.2 NAME BABOR, GEORGE F.  
1.3 STREET ADDRESS 222 ARBOR DR. E.  
1.4 CITY-ST-ZIP PALM HARBOR, FL. 34683

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME BABOR, THERESA M.  
2.3 STREET ADDRESS 222 ARBOR DR. E.  
2.4 CITY-ST-ZIP PALM HARBOR, FL 34683

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

400002538384

-05/28/98--01019--001

\*\*\*150.00

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:

Theresa M. Babor

4/28/98 (813) 441-1867

CR2E034 (10/97)