05-08-1999 90004 046 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000057058

BABOR PERFORMANCE MOTORS, INC.

				•					
Principal Place	of Business	Mailing Address	dailing Address			i indiimb: 110 (brit indii 2011) aar	** ***** ***** **	*** ***** ****	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
627A PINELLAS STREET CLEARWATER FL 33756		627A PINELLAS STREET CLEARWATER FL 33756			DO NOT WRI	TE IN TUIC (RDACE		
US		US				3. Date Incorporated or Qualifed 06/27/1997	E IN THIS C	JI HOL	
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		P	Applied For
21	. Dusinion	26				59-3456967			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certifcate of Status Desired		Fee F	Required
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	'		8. This corporation owes the curr			_
24	25	29 3	0			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	egistered A	gent	
545	OD THEREOA M		81	Name					
Babor, Theresa M 222 Arbor Drive East			82	Street	Addres	ss (P.O. Box Number is Not Accepta	ible)		
					`				
PALN	A HARBOR FL 34683		83						
			84	City				85 Zip	Code
							FL		j
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named	corpor	ration submits this statement for the	purpose of c	hanging if	ts registered
office of re	egistered agent, or both, in the State on familiar with, and accept the obligation	t Florida. Such change was aut ons of. Section 607.0505. Florid	norized by da Statutes	tne corpo	oration	is board of directors. I hereby accep	л те арроп	anent as i	edizieien
SIGNATURE	Signature, typed or printed name of registered agent				required t	when reinstating)	DATE		
12.	OFFICERS AND		13.	it signature i	required t	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE			7,55,110,10,15,10,20,10		Change	
NAME	BABOR, GEORGE F		1.2 NAME						
	222 ARBOR DRIVE EAST			T ADDRESS	l				1
STREET ADDRESS	PALM HARBOR FL 34683		1.4 City-ST-ZiP						
CITY-ST-ZIP			2.1 TITLE	1.24				[] Change	Addition
TITLE									
NAME	BABOR, THERESA M		2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS	222 ARBOR DRIVE EAST		1		l				}
CITY-ST-ZIP	PALM HARBOR FL 34683	[] DELETE	2.4 CITY-1	ST-ZIP				☐ Change	e
TITLE			3 1 TITLE					ge	
NAME			3.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	1			□ Change	= ☐ Addition
TITLE		☐ DELETE	4.1 TITLE					Change	,
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CiTY-S	T-ZIP				Change	e 🗀 Addition
TITLE		☐ DELETE	5.1 TITLE					Change	, D'Attolion
NAME	A second		5.2 NAME	*****					ļ
STREET ADDRESS	- •			TADDRESS	İ				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	 				
TITLE		☐ DELETE	6.1 TITLE		}			Change	e
NAME			6.2 NAME						ļ
STREET ADDRESS			6.3 STREE	TADDRESS	1				ł

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP