

<h1 style="margin: 0;">DOCUMENT # P98000021434</h1>			
1. Entity Name <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">SANDERS RACING, INC.</div>			
Principal Place of Business 5784 W. MEADOW STREET HOMOSASSA FL 34446		Mailing Address 5784 W. MEADOW STREET HOMOSASSA FL 34446-2704	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent			
SANDERS, JOHNNY 5784 W. MEADOW STREET HOMOSASSA FL 34446			Name Street Address (F) City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			12.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDERS, JOHNNY 5784 S MEADOW ST HOMOSASSA FL 34446 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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05-16-2000 90138 030 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-3494370		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SANDERS, JOHNNY 5784 W. MEADOW STREET HOMOSASSA FL 34446				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>				<small>DATE</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>				FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		PD		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		SANDERS, JOHNNY		NAME					
STREET ADDRESS		5784 S MEADOW ST		STREET ADDRESS					
CITY-ST-ZIP		HOMOSASSA FL 34446		CITY-ST-ZIP					
TITLE				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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CITY-ST-ZIP				CITY-ST-ZIP					
TITLE				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <u>Johnny R Sanders</u> <u>Johnny R Sanders</u>				<u>4-27-00</u> <u>(352) 628-2663</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>					