

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 15, 1999 8:00 am
Secretary of State

04-15-1999 90026 008 ***150.00

DOCUMENT # P98000060056

1. Corporation Name

DAYTONA CRUISERS, INC.

Principal Place of Business

P O BOX 1929
DELAND FL 32721-1929

Mailing Address

P O BOX 1929
DELAND FL 32721-1929

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

59352 3533

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

21 720 E. International
Suite, Apt. #, etc.

22 Speedway Blvd.

City & State

23 Daytona Beach FL

Zip

24 32118

Country

25 Volusia

2a. Mailing Address

26 2820 S. Atlantic Ave

Suite, Apt. #, etc.

City & State

28 Daytona Beach Shores FL

Zip

29 32118

Country

30 Volusia

9. Name and Address of Current Registered Agent

COOK, RICHARD R
618 W NEW YORK AVE
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name

John L. Hart

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

2820 S. Atlantic Ave

83

84 City

Daytona Beach Shores FL

85 Zip Code

32118

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

John L. Hart

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-99

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P President ☐ Change ☐ Addition
1.2 NAME Julie Hart
1.3 STREET ADDRESS 2820 S. Atlantic Ave
1.4 CITY-ST-ZIP Daytona Bch Shores FL 32118

2.1 TITLE T Treasurer ☐ Change ☐ Addition
2.2 NAME John Hart
2.3 STREET ADDRESS 2820 S. Atlantic Ave
2.4 CITY-ST-ZIP Daytona Beach Shores FL 32118

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

John L. Hart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

Date

904 255-4469

Daytime Phone #

CR2E034 (11/98)