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

**PROFIT** CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DÍVISION OF CORPORATIONS

## DOCUMENT # P98000090899

LIL' FREDDY RACING, INC.

Principal Place of Business

Mailing Address

## May 15, 1999 8:00 am Secretary of State

05-15-1999 90021 036 \*\*\*150.00



745 SCALLOP DRIVE 745 SCALLOP DRIVE PORT CANAVERAL FL 32920 PORT CANAVERAL FL 32920 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/23/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-354068C Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year intangible Zip Country No. ☐ Yes 29 30 Personal Property Tax. 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name DRESSLER, DONNA Street Address (P.O. Box Number is Not Acceptable) 82 110 DIXIE LANE COCOA BEACH FL 32931 83 Zip Code 84 City 85 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. Donna Signature, typed nd title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE **PSD** 1.1 TITLE TITLE 1.2 NAME DISTASIO, FREDERICK NAME 1.3 STREET ADDRESS STREET ADDRESS 745 SCALLOP DRIVE PORT CANAVERAL FL 32920 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 2.1 TITLE TITLE VTD 2.2 NAME TAMPA, ROBERT NAME 745 SCALLOP DRIVE 2.3 STREET ADDRESS STREET ADDRESS PORT CANAVERAL FL 32920 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE [] Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 supplied ental 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:

CITY-ST-ZIP

Trederick Distasio, 4-14-99, 1407)868-7968

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(11/98)CR2E034