

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90094 036 ***150.00

DOCUMENT # S24750

1. Corporation Name

DAVE WHITE RACING, INC.

Principal Place of Business

4320 W. OSBORNE AVENUE
TAMPA FL 33614

Mailing Address

4320 W. OSBORNE AVENUE
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1991

4. FEI Number -

59-3045442

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 Suite, Apt. #, etc.
22 5217 W. HILLSBOROUGH
City & State AVENUE

23 TAMPA FL
Zip Country
24 33634 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.
27 5217 W. HILLSBOROUGH
City & State AVENUE

28 TAMPA FL
Zip Country
29 33634 30 USA

9. Name and Address of Current Registered Agent

WHITE, DAVID K., SR.
4320 W. OSBORNE AVENUE
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name
82 WHITE, DAVID K., SR.
83 Street Address (P.O. Box Number is Not Acceptable)
5217 W. HILLSBOROUGH AVENUE
84 City TAMPA FL 85 Zip Code 33634

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME WHITE, DAVID K., SR.
STREET ADDRESS 6619 N. THATCHER AVE.
CITY-ST-ZIP TAMPA FL

TITLE DS ☐ DELETE
NAME WHITE, DONNA J.
STREET ADDRESS 4320 W. OSBORNE AVE.
CITY-ST-ZIP TAMPA FL

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5217 W. HILLSBOROUGH AVENUE
2.4 CITY-ST-ZIP TAMPA FL 33634

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: Donna J. White, DS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/99

813 885-6311
813 874-1911
Daytime Phone #

CR2E034 (11/98)