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95 APR 28 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S95113** **(4)**

1. Corporation Name

~~ZUBER MOTOCROSS, INC.~~
FLORIDA MOTOSPORTS RACING, INC.

500001470165
-05/01/95--01092--024
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~2634 S.E. 27 ST.~~ ~~OCALA FL 34471~~ 2631 SE 27TH ST. OCALA, FL 34471	~~2634 S.E. 27 ST.~~ ~~OCALA FL 34471~~ 2631 SE 27TH ST OCALA, FL 34471

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21: 2631 SE 27TH ST	26: 2631 SE 27TH ST
Suite, Apt. #, etc. 22: OCALA, FL	Suite, Apt. #, etc. 27: OCALA, FL
City & State 23:	City & State 28:
Zip 24: 34471 Country 25: MARION	Zip 29: 34471 Country 30: MARION

4. FEI Number: 59-3096343 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BINEGAR, STEVE ARTHUR, SR.
2631 S.E. 27 ST.
OCALA FL ~~32671~~
34471

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 34471

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BINEGAR, STEVE ARTHUR,SR	12 NAME	
STREET ADDRESS	2631 S.E. 27 ST.	13 STREET ADDRESS	
CITY ST ZIP	OCALA FL	14 CITY ST ZIP	34471
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCQUAIG, JAMES MICHAEL	22 NAME	
STREET ADDRESS	RT. 2. BOX 413	23 STREET ADDRESS	
CITY ST ZIP	REDDICK FL	24 CITY ST ZIP	3
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Steve A. Binegar SR 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

904-867-5183

0392001 CP