PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 06, 1999 8:00 am Secretary of State

05-06-1999 90045 041 ***150.00

DOCUMENT # V38677 1. Corporation Name TORSTVEIT RACING INC.							
TORSTV	EIT RACING INC.						
Principal Place	e of Business	Mailing Address				. 212() DIG() DIG() G()	
5200 NEWBERRY ROAD		5200 NEWBERRY ROAD					
SUITE B-6 GAINESVILLE FL 32607		SUITE B-6	• • • • •		DO NOT WRITE IN TH	IS SPACE	
GAINESVILLE F	L 32607	GAINESVILLE FL 32607 US			Date Incorporated or Qualified		———
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number	App	lied For	
21		26		59-3124817	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A	dditional	
22		27			5. Certifcate of Status Desired	Fee Rec	juired
City & State		City & State		6. Election Campaign Financing	\$5.00 N	May Be	
23		28			Trust Fund Contribution	Added to	
Zip	Country Zip			у	8. This corporation owes the current year		_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
OTO	THE CHARGNIA		81	l Name			
STEVENS, SHARON M			82	82 Street Address (P.O. Box Number is Not Acceptable)			
5200 NEWBERRY RD,8-6			<u> </u>	<u> </u>			
GAIN	IESVILLE FL 32607		83	3	re promo y		
	4,4		84	City		85 Zip C	ode
11 1 1 1 1			ł		<u>F</u>	L	
office or n	to the provisions of Sections 607.05	in2 and 607 1508. Florida Statute	s, the abov	e-named cor	rogration submits this statement for the purpose	of changing its r	egistered
l agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	ithorized by	/ the corpora	tion's board of directors. I hereby accept the app	ointment as reg	istered
	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	ithorized by	/ the corpora	tion's board of directors. I hereby accept the app	pointment as reg	istered
agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was at pations of, Section 607.0505, Flor pent and title if applicable. (NOTE:	ithorized by ida Statute: Registered Age	y the corporal s.	tion's board of directors. I hereby accept the application is board of directors.	oointment as reg	stered
	m familiar with, and accept the oblig	e of Florida. Such change was at pations of, Section 607.0505, Flor pent and title if applicable. (NOTE: ND DIRECTORS	ithorized by ida Statute: Registered Age	y the corporal s.	tion's board of directors. I hereby accept the app	AND DIRECTOR	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	signature, typed of printed name of registered ag OFFICERS A P JEREMY R. TORSTVEIT	e of Florida. Such change was at pations of, Section 607.0505, Flor pent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	y the corporal s. ant signature requi	tion's board of directors. I hereby accept the application is board of directors.	AND DIRECTOF	RS IN 12
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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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE: 4

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

☐ Addition