

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 156097

1. Corporation Name

Volusia County Sports Promotions Inc.

300001486563
-05/12/95--01122--008
****200.00 ****200.00

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **8-3-92** 3a. Date of Last Report **3-27-94**

4. FEI Number **59-3185495** 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

2. Principal Place of Business

2a. Mailing Address

21 **3924 OAK CREST CIR**

26 **3924 OAK CREST CIR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **PORT ORANGE FL.**

28 **PORT ORANGE FL.**

Zip

Country

Zip

Country

24 **32119**

25 **Volusia**

29 **32119**

30 **Volusia**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK A. MARINACCI
3924 OAK CREST CIR
PORT ORANGE, FL. 32119

81 Name

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

83

84 City

FL

85 Zip Code

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]* **FRANK A. MARINACCI** **4-21-95**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PRESIDENT**
NAME **FRANK A. MARINACCI**
STREET ADDRESS **3924 OAK CREST CIR**
CITY ST ZIP **PORT ORANGE FL 32119**

1. TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2. TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3. TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4. TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5. TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6. TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(k), 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: *[Signature]* **FRANK A. MARINACCI** **4-21-95** **1-904 760-0786**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)