FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **734764** **(4)**

1. Corporation Name

JACKSONVILLE TRACK CLUB, INC.

Principal Place of Business	Mailing Address
1511 S MCDUFF AVE JACKSONVILLE FL 32205 US	P.O. BOX 24667 JACKSONVILLE FL 32241 US

3. Date Incorporated or Qualified: **12/31/1975**
3a. Date of Last Report: **05/17/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **59-1829543** ☐ 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**

DUSS, JOHN S., IV
200 WEST FORSYTH STREET
SUITE 1600
JACKSONVILLE FL 32202

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	SD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	KING, KATHY		1.2 NAME	Douglas Tillett	
STREET ADDRESS	1834-3 TALBOT AVE		1.3 STREET ADDRESS	2165 Oak St	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville FL 32204	
TITLE	T	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	HATTEN, DAVID		2.2 NAME	David Gottschalk	
STREET ADDRESS	1404 PINEWOOD RD.		2.3 STREET ADDRESS	156 Crosscove Cir	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TASKETT, HERBERT		3.2 NAME		
STREET ADDRESS	2610-2 INDIA AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TENBROECK, JOHN		4.2 NAME		
STREET ADDRESS	2336 URBAN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Lamar Strother	
STREET ADDRESS			5.3 STREET ADDRESS	1511 S McDuff Ave.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville FL 32205	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: John TenBroeck John TenBroeck 1/29/96 904-387-0592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #