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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32241-4667~~ ~~US~~

3. Date Incorporated or Qualified: **12/31/1975**
3a. Date of Last Report: **03/04/1996**

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

2. Principal Place of Business	2a. Mailing Address
21	26 1112 THIRD STREET
22 Suite, Apt. #, etc.	27 SUITE 7
23 City & State	28 NEPTUNE BEACH FL
24 Zip / 25 Country	29 32266 / 30 US

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		☐ Change ☐ Addition
NAME	TILLET, DOUGLAS		1.2 NAME		
STREET ADDRESS	2165 OAK STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	GOTTSCHALK, DAVID		2.2 NAME		
STREET ADDRESS	156 CROSSGOVE CIRCLE		2.3 STREET ADDRESS	156 Crosscove Circle	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	D	☒ 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	- -32211	
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	- -32210	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAMAR, STROTHER		5.2 NAME		
STREET ADDRESS	1511 S MCDUFF AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32205		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME			6.2 NAME	HATTEN, DAVID	
STREET ADDRESS			6.3 STREET ADDRESS	1404 PINEWOOD RD.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	

CR2E037 (9/96)

14. I do 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 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 FOR John TenBroeck 5/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #