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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION**  
**ANNUAL REPORT**  
**1995**

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

**DOCUMENT # K57149 (2)**

1. Corporation Name  
**WIRE TO WIRE RACING DIGEST, INC.**

Principal Place of Business Mailing Address

**500 W. SILVER SPRINGS SUITE 100 OCALA FL 34482-8517 US**

**P.O. BOX 2108 P O BOX 2108 OCALA FL 34478 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/10/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2924681** 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 **5100 W. Silver Springs Blvd** 2a **P O BOX 2106**

22 **suite 100** 27 **Suite, Apt. #, etc.**

23 **Ocala, FL** 29 **Ocala, FL**

24 **34482** 25 **Marion** 29 **34478** 30 **Marion**

9. Name and Address of Current Registered Agent

**AUDETTE, DANIELLE M**  
**5100 W. SILVER SPRINGS, BLVD, SUITE 100**  
**OCALA FL 34482**

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 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 (if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE **C**

NAME **APPLETON, ARTHUR I.**

STREET ADDRESS **8318 NW 90TH TERRACE**

CITY - ST - ZIP **OCALA FL**

TITLE **P**

NAME **AUDETTE, FERNAND J.**

STREET ADDRESS **6 CHALLEDON CLOSE**

CITY - ST - ZIP **OCALA FL**

TITLE **V**

NAME **AUDETTE, JOAN I.**

STREET ADDRESS **6 CHALLEDON CLOSE**

CITY - ST - ZIP **OCALA FL**

TITLE **ST**

NAME **APPLETON, MARTHA**

STREET ADDRESS **8318 NW 90TH TERRACE**

CITY - ST - ZIP **OCALA FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 as an attachment with an address.

SIGNATURE *Fernand J. Audette*

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
**FERNAND J. AUDETTE**

**4/27/95 (904) 292-6444**  
**CR# 3009**