

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 FEB 27 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M97913** (1)

1. Corporation Name  
**GRAN PRIX DAYTONA, INC.**

Principal Place of Business Mailing Address  
**% G. LARRY SIMS**  
**501 N. GRANDVIEW DR.**  
**DAYTONA BEACH FL 32118**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/02/1988** 3a. Date of Last Report **07/12/1994**

4. FEI Number **59-1260563** 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 § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **P.O. DRAWER 26666A**  
22 City & State 27 Suite, Apt. #, etc.  
23 **DAYTONA BEACH, FL**  
24 Zip 25 Country 29 **32126-6669** 30 **US**

9. Name and Address of Current Registered Agent

**SIMS, G. LARRY**  
**501 N. GRANDVIEW AVE.**  
**DAYTONA BEACH FL 32118**

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

Signature typed on correct number of registered agent and fee page(s)

NOTE: Registered Agent signature required when transferring.

(11)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAY, WILLIAM P., JR.</b>	12. NAME	
STREET ADDRESS	<b>1065 NORTH U.S. 1</b>	13. STREET ADDRESS	
CITY, ST, ZIP	<b>ORMOND BEACH FL</b>	14. CITY, ST, ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		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(1)(g), 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 187, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an addition.

SIGNATURE: *William P. Bay, Jr.* **William P. Bay, Jr. 2/16/95 (904) 672-4627**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR