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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # N93000001241 (9)

1. Corporation Name
**LIVING LEGENDS OF AUTO RACING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 353 SOUTH S.R. 415<br>NEW SMYRNA BEACH FL 32168 | ~~P.O. BOX 826~~<br>~~NEW SMYRNA BEACH FL 32170-0826~~<br>~~JW~~ |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 04/12/1993 | 3a. Date of Last Report: 06/13/1996 |
| 4. FEI Number: 59-3178027 | ☐ 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 | 26 353 S. S.R. 415 |
| 22 Suite, Apt. #, etc. | 27 New Smyrna Beach |
| 23 City & State | 28 Fl. |
| 24 Zip / 25 Country | 29 32168 / 30 US |

9. Name and Address of Current Registered Agent

BAKER, ZETTA M
353 SOUTH S.R. 415
NEW SMYRNA BEACH FL 32168

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 Zetta M. Baker Zetta M Baker 4-2-1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D Chairman of Board | ☐ DELETE | 1.1 TITLE | Sec. | ☐ Change ☑ Addition |
| NAME | BAKER, ZETTA M | | 1.2 NAME | Ruby Ouch | |
| STREET ADDRESS | 353 SOUTH S.R. 415 | | 1.3 STREET ADDRESS | 14 Sea Hawk | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | | 1.4 CITY-ST-ZIP | Ormond Beach Fl. 32176 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | VP | ☐ Change ☑ Addition |
| NAME | BAKER, ROBERT H | | 2.2 NAME | Jill Trafton | |
| STREET ADDRESS | 353 SOUTH S.R. 415 | | 2.3 STREET ADDRESS | 2804 S. Atlantic Ave | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | | 2.4 CITY-ST-ZIP | Daytona Beach Shores Fl. 32118 | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | Treas | ☐ Change ☑ Addition |
| NAME | FOSTER, WILLIAM M | | 3.2 NAME | Joan + Wally Vanwert | |
| STREET ADDRESS | 555 WESTMORELAND RD. | | 3.3 STREET ADDRESS | 3664 John Anderson Dr. | |
| CITY-ST-ZIP | DAYTONA BCH. FL | | 3.4 CITY-ST-ZIP | Ormond Beach, Fl. 32176 | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WINES, DONALD H II | | 4.2 NAME | | |
| STREET ADDRESS | 1116 COMMERCIAL AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BCH. FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RAYMOND FOX | | 5.2 NAME | | |
| STREET ADDRESS | 1432 GOLF VIEW DR. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | REED, JANET M | | 6.2 NAME | | |
| STREET ADDRESS | 1116 COMMERCIAL AVE. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32168 | | 6.4 CITY-ST-ZIP | | |

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 [illegible] 4-2-1997 (904) 428-2026