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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001241

1. Corporation Name

LIVING LEGENDS OF AUTO RACING, INC.

Principal Place of Business

P.O. BOX 290854
PORT ORANGE FL 32129

Mailing Address

P.O. BOX 290854
PORT ORANGE FL 32129



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/12/1993

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

9. Name and Address of Current Registered Agent

**FOX, RAYMOND
1432 GOLFVIEW DR.
DAYTONA BEACH FL 32114**

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

Raymond Fox
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **TRAFTON, JILL**
CITY-ST-ZIP **2801 S. ATLANTIC AVE.
DAYTONA BEACH FL 32118**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PEOPLES, JOHN**
CITY-ST-ZIP **19 SAN JOSE CIRCLE
ORMOND BEACH FL 32170**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TRUELOVE, RUSS**
CITY-ST-ZIP **757 PROSPECT RD.
WATERBURY CT 06706**

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **KELLER, WALTER**
CITY-ST-ZIP **119 LOCKHART ST.
DAYTONA BEACH FL 32114**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **RAYMOND FOX**
CITY-ST-ZIP **1432 GOLF VIEW DR.
DAYTONA BEACH FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **EPTON, JOE**
CITY-ST-ZIP **32 NIAGRA FALLS CIRCLE
ORMOND BEACH FL 32174**

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 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, with all other like empowered.

SIGNATURE:

Raymond Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)