

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 08 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000095353 (4)**

1. Corporation Name  
**TK RACING, INC.**



Principal Place of Business      Mailing Address  
**504 WISTERIA ROAD DAYTONA BEACH FL 32118**      **504 WISTERIA ROAD DAYTONA BEACH FL 32118-4942**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/18/1996**      **N/A**

4. FEI Number      Applied For  
**59-3413831**      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 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JOHNS, BRUCE  
944 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114**

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 or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**12. OFFICERS AND DIRECTORS**

TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP       DELETE

**DPT**      **KOGER, TRICIA M**      **504 WISTERIA ROAD**      **DAYTONA BEACH FL 32118**

TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP       DELETE

**DVS**      **KOGER, RICHARD B**      **504 WISTERIA ROAD**      **DAYTONA BEACH FL 32118**

TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP       DELETE

TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP       DELETE

TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP       DELETE

TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP       DELETE

**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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tricia M. Koger*      **Tricia M. Koger**      4/25/97      904-258-2805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)