FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **230027** **(5)**

1. Corporation Name

SUNSHINE SPEEDWAY INC

Principal Place of Business	Mailing Address
15236 AVALON AVE **CLEARWATER FL 34620**	**15236 AVALON AVE** **CLEARWATER FL 34620**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **11/09/1959**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-0900480** ☐ 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

9. Name and Address of Current Registered Agent

MUSGRAVE, PHYLLIS L
2238 GLENMOOR ROAD SOUTH
CLEARWATER FL 34624

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**MUSGRAVE, C SIBYL**		1.2 NAME	
STREET ADDRESS	**15236 AVALON AVE**		1.3 STREET ADDRESS	
CITY-ST-ZIP	**CLEARWATER, FL 33520**		1.4 CITY ST ZIP	
TITLE	**STD**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**MUSGRAVE, PHYLLIS L.**		2.2 NAME	
STREET ADDRESS	**2238 GLENMOOR ROAD SOUTH**		2.3 STREET ADDRESS	
CITY-ST-ZIP	**CLEARWATER FL**		2.4 CITY ST ZIP	
TITLE	**VD**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**MUSGRAVE, N. NORMAN**		3.2 NAME	
STREET ADDRESS	**13312 SWEET GUM RD.**		3.3 STREET ADDRESS	
CITY-ST-ZIP	**BROOKSVILLE FL**		3.4 CITY ST ZIP	
TITLE	**D**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	**HILL, J FRANK**		4.2 NAME	
STREET ADDRESS	**1983 LEVINE LANE**		4.3 STREET ADDRESS	
CITY-ST-ZIP	**CLEARWATER FL**		4.4 CITY ST ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY ST ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY ST ZIP			6.4 CITY ST ZIP	

CR2E034 (12/95)

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(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: Sibyl C. Musgrave — 3-18-96 — 813-531-2088

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