

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 31 1997 8:00am
Secretary of State

DOCUMENT # 710334 (4)
1. Corporation Name
PRO RACING ASSOCIATION, INC.



Principal Place of Business Mailing Address
36 LISA DRIVE POST OFFICE BOX 715
WAUCHULA FL 33873 WAUCHULA FL 33873-0715
US US

3. Date Incorporated or Qualified 02/10/1966 3a. Date of Last Report 02/12/1996
4. FEI Number 59-2636332 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

HOOTEN, TOMMY
36 LISA DRIVE
WAUCHULA FL 33873

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

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
	SD			<input type="checkbox"/>
	ELDREDGE, LINDA	P.O. BOX 713 6005 Mountain Lake Dr	BARTOW FL 33813	
	PD			<input type="checkbox"/>
	HOOTEN, TOMMY	36 LISA DRIVE	WAUCHULA FL	
	TD			<input type="checkbox"/>
	KEEBRICH, LISA	36 LISA DRIVE	WAUCHULA FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2						
1.3						
1.4						
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2						
2.3						
2.4						
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2						
3.3						
3.4						
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2						
4.3						
4.4						
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2						
5.3						
5.4						
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2						
6.3						
6.4						

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

Tommy Hooten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97 941-7736763
Date Daytime Phone # 0054461

CR2E037 (9/96)