FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753300** **(3)**

1. Corporation Name

DAYTONA BEACH STREET RODS, INC.

Principal Place of Business	Mailing Address
2050 BRIAN AVENUE SOUTH DAYTONA FL 32119-2749	2050 BRIAN AVENUE SOUTH DAYTONA FL 32119-2749

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/09/1980**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2956698** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SARJEANT, STUART
2413 BELLEVUE AVENUE
DAYTONA BEACH FL 32014

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	11 TITLE	--DELETE--	☒ Change ☐ Addition
NAME	SMITH, MARY ANN	12 NAME	--DELETE--	
STREET ADDRESS	2 RELAY ROAD	13 STREET ADDRESS	--DELETE--	
CITY ST ZIP	ORMOND BEACH FL	14 CITY ST ZIP	--DELETE--	
TITLE	VD	21 TITLE	PD	☒ Change ☐ Addition
NAME	ALLISON, THOMAS J	22 NAME		
STREET ADDRESS	150 KENT DRIVE	23 STREET ADDRESS		
CITY ST ZIP	ORMOND BEACH FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	THALHEIMER, JIM	32 NAME		
STREET ADDRESS	203 COUNTRY CLUB DRIVE	33 STREET ADDRESS		
CITY ST ZIP	ORMOND BEACH FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	STAFFORD, CAROL	42 NAME		
STREET ADDRESS	105 BRIARWOOD	43 STREET ADDRESS		
CITY ST ZIP	SANDFORD FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SARJEANT, STUART	52 NAME		
STREET ADDRESS	1965 AVACADO DR.	53 STREET ADDRESS		
CITY ST ZIP	DAYTONA BEACH FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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

SIGNATURE: Carol L. Stafford Carol L. Stafford 4-28-95 (407) 869-1817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023555