

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

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham • Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H29160** (9)
1. Corporation Name
THE DRAG RACING SCHOOL, INC.



Principal Place of Business 41211 CR 225 GAINESVILLE FL 32609 US	Mailing Address P O BOX 140000 GAINESVILLE FL 32614-0000
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2. Principal Place of Business 21 2780 Fairplex Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 484 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/08/1984	3a. Date of Last Report 05/10/1996
22 City & State Pomona, CA		27 City & State La Verne, CA		4. FEI Number 59-2463416	Applied For Not Applicable
23 Zip 91768	25 Country USA	29 Zip 91750	30 Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HAWLEY, FRANK~~
~~5330 NW 45 LANE~~
~~GAINESVILLE FL 32608~~

81 Name
Donna Lea Hawley
82 Street Address (P.O. Box Number is Not Acceptable)
12215 SE County Rd. 234 (Box 907)
83
84 City
Micanopy, FL 85 Zip Code
32667

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAWLEY, FRANK 5330 NW 45 LANE GAINESVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8078 Crestview Court Alta Loma, CA 91701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAWLEY, LANA 5330 NW 45 LANE GAINESVILLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8078 Crestview Court Alta Loma, CA 91701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lana S. Hawley* **Lana S. Hawley** 4-7-97 909-392-5925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)