

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:21

DOCUMENT # J32465

(3)

1. Corporation Name

OLD LAKE CITY SPEEDWAY, INC.

Principal Place of Business

% CHARLES E. STOKES
76 N. CHAFFEE RD., P.O. BOX 216
JACKSONVILLE FL 32220

Mailing Address

% CHARLES E. STOKES
76 N. CHAFFEE RD., P.O. BOX 216
JACKSONVILLE FL 32220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1986

3a. Date of Last Report

03/23/1994

4. FEI Number

59-2716920

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. 190 (197

Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STOKES, CHARLES E.
76 N. CHAFFEE RD.
JACKSONVILLE FL 32220

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 607.0506, Florida Statutes.

SIGNATURE

Charles E. Stokes
Signature of person or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

5-20-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

STOKES, CHARLES E.

STREET ADDRESS

76 N. CHAFFEE

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

STOKES, JOYCE A.

STREET ADDRESS

76 N. CHAFFEE

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

STOKES, CHARLES A.

STREET ADDRESS

50 N. CHAFFEE

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

NAME

STOKES, SUSAN R.

STREET ADDRESS

76 N. CHAFFEE

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☒ Change ☐ Addition

32 NAME

Stokes, Charles A.

Remove

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☒ Change ☐ Addition

42 NAME

Stokes, Susan R.

Remove

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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 110.07(3)(k), 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 addition.

SIGNATURE:

Charles E. Stokes

5-20-95

904-781-4148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone