

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

FILED

Jan 16 1997 8:00am

Secretary of State

Thank You



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32220-1704
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2. Principal Place of Business 21 76 N. CHAFFEE RD. Suite, Apt. #, etc. 22 City & State 23 JAX., FL Zip 24 32220		2a. Mailing Address 26 76 N. CHAFFEE RD. Suite, Apt. #, etc. 27 City & State 28 JAX. FL Zip 29 32220		3. Date Incorporated or Qualified 09/08/1986		3a. Date of Last Report 02/20/1996	
25 DUVAL		30 DUVAL		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. 199.032, Florida Statutes ☒ Yes ☐ No		Yes	

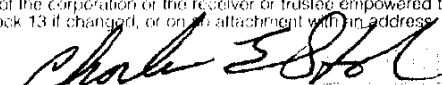
9. Name and Address of Current Registered Agent STOKES, CHARLES E. 76 N. CHAFFEE RD. JACKSONVILLE FL 32220				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	STOKES, CHARLES E.	1.2 NAME	
STREET ADDRESS	76 N. CHAFFEE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32220	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	STOKES, JOYCE A.	2.2 NAME	
STREET ADDRESS	76 N. CHAFFEE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32220	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 included 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97 904-786-4161

DAY

Daytime Phone #

CR2E034 (9/96)