FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations
Tallahassee, Florida

APPROVED
AND
FILED

95 MAY 12 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K00669 (7)

1. CHARLOTTE COUNTY SPEEDWAY, INC.

Principal Place of Business
8655 PIPER RD
PUNTA GORDA FL 33982-2447

Mailing Address
8655 PIPER RD
PUNTA GORDA FL 33982-2447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 2a. Mailing Address
21. — 26.
Suite, Apt. # or — Suite, Apt. # or
22. — 27.
City & State — City & State
23. — 28.
Zip — Country — Zip — Country
24. — 25. — 29. — 30.

3. Date Incorporated or Qualified: 11/05/1987
3a. Date of Last Report: 10/05/1994
4. FEI Number: 65-0233625 — 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 made an election under S. 1361.22 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIDSON, LEROY
8655 PIPER RD
PUNTA GORDA FL 33982

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 607.0505 and 607.1608, Florida Statutes, the above named corporation submits the 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: LEROY DAVIDSON President — 4-29-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIDSON, LEROY
STREET ADDRESS	8655 PIPER ROAD
CITY, ST, ZIP	PUNTA GORDA FL
TITLE	V
NAME	MITTON, ROBERT
STREET ADDRESS	4100 73RD STREET NORTH
CITY, ST, ZIP	ST. PETERSBURG FL
TITLE	V
NAME	BAKER, JAMES
STREET ADDRESS	3230 YUKON DRIVE
CITY, ST, ZIP	PORT CHARLOTTE FL
TITLE	ST
NAME	BENSON, MARY
STREET ADDRESS	127 TEMPLE
CITY, ST, ZIP	PORT CHARLOTTE FL
TITLE	V
NAME	BURROWS, DOUG
STREET ADDRESS	P.O. BOX 1928 N/A
CITY, ST, ZIP	VENICE FL 34284
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If any)

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information contained with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect or force as under oath. That I am an officer or director of the corporation or the manager or managing member to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: LeRoy Davidson — 5-8-95 — 813-575-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0336135 CP