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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

K80031

(3)

1. Corporation Name

SPEEDWAY TRANSMISSIONS, INC.								
Principal Place of B	Business	Mailing Address			I (BAIDI) BAI (B(I) BBIII	- B1 - 4 - 41 - 41 - 41 - 41 - 41 - 41 -	r Biğir Arbit Arbit Arbit Arb	,,, e.e., <del>-</del> ,,, - <del>-</del> ,
6536 E COLON	IAL DR.	C/O WM. PATRICK						
145 NORTH MAGNOLIA AVENUE ORLANDO FL 32807 US		145 NORTH MAGNOLIA AVENUE ORLANDO FL 32801		•	3. Date incorporated or Qua	alified 38	. Date of Last Re	eport
					04/13/1989		03/20/19	
Principal Place	of Business	2a. Mailing Address			4. FEI Number		<b>├</b>	Applied For Not Applicable
		26			59-2950970		\$8.75	Additional
Suite, Apt. #, et	tc.	Suite, Apt. #, etc.			<ol><li>Certificate of Status Desi</li></ol>	ired		Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution  Added to Fees			
3		28			Trust Fund Contribution  8. This corporation has liab	=	Aude	
Zip	Country	Zip	Country	1	Florida Statutes	📜 Yes 🛄	] No	
1	25 9. Name and Address of Curre	29 Agent	1301		10. Name and Address of	New Regis	stered Agent	
	g. Name and Address of Conte	The House of the H	81	Name				
בו וו ביים	), WM. PATRICK		82	32 Street Address (P.O. Box Number is Not Acceptab		cceptable)		
145 NOR	TH MAGNOLIA AVENUE						<u></u>	
	O FL 32802		83	<b>'</b>				
			84	1 1			FI III	ip Code
<ol> <li>Pursuant to the or registered familiar with,</li> </ol>	he provisions of Castions 69, 050 agent, or both, in the State of Flo and alcept the obligations of, iso	ection 607,0505, Florida Statute	es.					
SIGNATURE	nature, typert or printed name of registered age		es.  NOTE: Registered Age				DATE RS AND DIRECT	ORS IN 12
SIGNATURESign	nature, typert or printed name of registered age	ent and title if applicable th	NOTE: Registered Age  13.  1. 1 TITLE	ent signature require	ed when reinstating)		DATE	ORS IN 12
SIGNATURE	of posterior of protect name of registered agr OFFICERS A  D SCHEITERLE, THOMAS	ent and title if applicable (I	NOTE: Registered Ag. 13. 1.1 TITLE 1.2 NAME	ent signature require	ed when reinstating)		DATE RS AND DIRECT	ORS IN 12
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White NAME OF SIGNING OFFICER OR DIRECTOR J. S. C. heitevile Dave Day Daytime Phone !