

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Abshier
Secretary of State
1995

APPROVED
AND
FILED

05 MAY - 1 AM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L45770** (9)
COLUMBIA MOTORSPORTS, INC.

1. Name of Corporation: **COLUMBIA MOTORSPORTS, INC.**
2. Mailing Address: **ROUTE 3, BOX 175-K LAKE CITY FL 32055**

PLEASE WRITE IN THIS SPACE

3. Date Reported to Registrar 01/24/1990	3a. Date of Last Report 04/01/1994
4. FEI Number 65-0169683	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability or indemnifiable tax under 5, 10, 11, 12, 13, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Date of Report of Beginning	22. Mailing Address
22. State App # etc.	23. State App # etc.
23. City & State	24. City & State
24. City	25. State
25. City	26. State
26. City	27. State
27. City	28. State
28. City	29. State
29. City	30. State

9. Name and Address of Current Registered Agent

**ASHLEMAN, LEILA E.
ROUTE 3, BOX 175-K
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Applicable)
B3
B4 City **FL** B5 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	P	11 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEMAN, A.R.	12 NAME	
STREET ADDRESS	ROUTE 3, BOX 175-K	13 STREET ADDRESS	
CITY, ST, ZIP	LAKE CITY FL	14 CITY, ST, ZIP	
OFFICE	VP	21 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHLEMAN, LEILA E.	22 NAME	
STREET ADDRESS	ROUTE 3, BOX 175-K	23 STREET ADDRESS	
CITY, ST, ZIP	LAKE CITY FL	24 CITY, ST, ZIP	
OFFICE		31 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
OFFICE		41 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
OFFICE		51 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
OFFICE		61 OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the assignment stated in Section 111.02(1)(b), 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 in person. I understand that I am an officer or director of the corporation of the name or names of officers or directors incorporated in this report as required by Chapter 607, Florida Statutes, and that my name appears on Block C or Block D of the attached or on an attachment with an address.

SIGNATURE: *Leila E. Ashleman*
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
Leila E. ASHLEMAN

4/27/95
904-755-930 ✓