

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

**FILED**  
**Apr 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # L45770 (9)**

1. Corporation Name  
**COLUMBIA MOTORSPORTS, INC.**



Principal Place of Business  
**ROUTE 3, BOX 175-K  
 LAKE CITY FL 32055**

Mailing Address  
**ROUTE 3, BOX 175-K  
 LAKE CITY FL 32024  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/24/1990**

2. Principal Place of Business  
 21 **ROUTE 2, Box 6031**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **ROUTE 2, Box 6031**  
 Suite, Apt. #, etc.

4. FEI Number  
**65-0169683**

Applied For  
 Not Applicable

22 City & State  
**LAKE CITY FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip  
**32024** Country **US**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 City & State  
**LAKE CITY FL**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**ASHLEMAN, LEILA E.  
 ROUTE 3 BOX 175-K 6031  
 LAKE CITY FL 32055 32024**

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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASHLEMAN, A.R.</b>	1.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>ROUTE 3, BOX 175-K</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE	<b>VP</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASHLEMAN, LEILA E.</b>	2.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>ROUTE 3, BOX 175-K</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE		

14. I 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 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 address.

SIGNATURE *Leila E. Ashleman V.P.* *4/15/98* *April 755-9312*

CR2E034 (10/97)