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Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02687 (4)

1. Corporation Name

TRACK FLORIDA, INC.



Principal Place of Business

Mailing Address

% MICHAEL MCINTOSH
215 5TH ST STE 300
WEST PALM BCH FL 33401
US% MICHAEL MCINTOSH
215 5TH ST. STE 300
WEST PALM BCH FL 33401-4010
US3. Date Incorporated or Qualified
04/23/19843a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 4003 Dutchess Court

26 4003 Dutchess Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2838739Applied For
Not Applicable

22

City & State

27

City & State

23 Tallahassee, FL 32308

28 Tallahassee, FL 32308

Zip

Country

Zip

Country

24

25

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5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCINTOSH, MICHAEL
215 FIFTH STREET, SUITE 100
WEST PALM BCH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4003 Dutchess Court

84 City

Tallahassee

FL

85 Zip Code
32308

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTST ☐ DELETE
NAME MCINTOSH, MICHAEL A
STREET ADDRESS 215 FIFTH ST / STE 300
CITY-ST-ZIP WEST PALM BEACH FL1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4003 Dutchess Court
1.4 CITY-ST-ZIP Tallahassee, FL 32308TITLE VPST ☐ DELETE
NAME MCINTOSH, WINSOME D
STREET ADDRESS 215 FIFTH STREET / STE 300
CITY-ST-ZIP WEST PALM BEACH FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 4003 Dutchess Court
2.4 CITY-ST-ZIP Tallahassee, FL 32308TITLE VPT ☐ DELETE
NAME MCINTOSH II, MICHAEL A
STREET ADDRESS 215 FIFTH STREET / STE 300
CITY-ST-ZIP WEST PALM BEACH FL3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 4003 Dutchess Court
3.4 CITY-ST-ZIP Tallahassee, FL 32308TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 617, 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

1/22/97

904.893.8653

Date

Daytime Phone # 0037851

CR2E037 (9/96)