

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT 10 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N41973 (1)

1. Corporation Name

GREATER ORLANDO AUTO RACERS, INC.

Principal Place of Business

970 KELLER ROAD
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

970 KELLER ROAD
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/05/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
59-3059132

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

9. Name and Address of Current Registered Agent

MELLIN, RICHARD A
3324 HORSESHOE DR
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name Joe McCain
82 Street Address (P.O. Box Number is Not Acceptable)
142 A Springwood Cir
83
84 City Longwood FL 85 Zip Code 32750

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 Joe B McCain Jr - P.D., Joe B McCain Jr 10-6-97
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ALBERICO, DAVID
STREET ADDRESS 119 TOLLGATE TR.
CITY-ST-ZIP LONGWOOD FL 32750 ☐ DELETE

TITLE VD
NAME COLEBECK, JOHN
STREET ADDRESS 8080 GLOVERGLEN CIR
CITY-ST-ZIP ORLANDO FL 32818 ☐ DELETE

TITLE TD
NAME MELLIN, RICHARD
STREET ADDRESS 3324 HORSESHOE DR
CITY-ST-ZIP LONGWOOD FL 32779 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D PRES. PD ☒ Change ☐ Addition
1.2 NAME Joe McCain
1.3 STREET ADDRESS 142 A Springwood Cir
1.4 CITY-ST-ZIP Longwood FL 32750

2.1 TITLE D Vice Pres. VD ☒ Change ☐ Addition
2.2 NAME Stephen Solosy
2.3 STREET ADDRESS 561 Jasmine Rd.
2.4 CITY-ST-ZIP Casselberry FL 32707

3.1 TITLE T TREASURER TD ☒ Change ☐ Addition
3.2 NAME LONGHITANO, JAY
3.3 STREET ADDRESS 8676 Foley Dr
3.4 CITY-ST-ZIP ORLANDO FL 32825

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED Joe B McCain Jr 10-6-97 (407)

CR2E037 (4/97)