

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1996-1896 B-6981-2

DOCUMENT # N93000000089 (3)

1. Corporation Name

DAYTONA ELECTRIC AUTO RACERS, INC.

Principal Place of Business

Mailing Address

E.C. LEONARD  
30 PEBBLE BEACH  
ORMOND BEACH FL 32174

E.C. LEONARD  
30 PEBBLE BEACH  
ORMOND BEACH FL 32174



3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

08/16/1995

4. FEI Number

59-3186435

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 DAYTONA ELEC. AUTO RACERS

2a. Mailing Address

26 DAYTONA ELEC. AUTO RACERS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. BOX 730772

27 P.O. BOX 730772

City & State

City & State

23 ORMOND BCH. FLA.

28 ORMOND BCH. FLA.

Zip

Country

Zip

Country

24 32173-0772

25 USA

29 32173-0772

30 USA

9. Name and Address of Current Registered Agent

PARSONS, WILLIAM A.P.A.  
2001 S. RIDGEWOOD AVENUE  
S. DAYTONA FL 32119

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 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

TITLE PD  
NAME LEONARD, E.C.  
STREET ADDRESS 30 PEBBLE BEACH  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ DELETE

TITLE VPD  
NAME SHAFER, TROY  
STREET ADDRESS 931 SANDCREST DR.  
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ DELETE

TITLE SD  
NAME BOEHMLER, RICH  
STREET ADDRESS 950 CHICKADEE  
CITY-ST-ZIP PORT ORANGE FL 32127 ☐ DELETE

TITLE TD  
NAME SEJNOWSKI, THOMAS  
STREET ADDRESS 1320 NORTHSIDE DRIVE  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☒ 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 PD  
1.2 NAME BISS, KENNETH  
1.3 STREET ADDRESS 88 LINCOLN AVE,  
1.4 CITY-ST-ZIP ORMOND BEACH, FLA, 32174 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS SAME ☐ Change ☐ Addition

2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS SAME ☐ Change ☐ Addition

3.4 CITY-ST-ZIP  
4.1 TITLE TD  
4.2 NAME DICK SHAFER  
4.3 STREET ADDRESS 931 SANDCREST DR.  
4.4 CITY-ST-ZIP PORT ORANGE, FLA, 32127 ☒ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of William A.P.A. Parsons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-96

(904) 677-7864

Date

Daytime Phone #

CR2E037 (3/96)