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Jun 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000000089 (3)

1. Corporation Name

DAYTONA ELECTRIC AUTO RACERS, INC.



Principal Place of Business

Mailing Address

DAYTONA ELECTRIC AUTO RACERS  
P.O. BOX 730772  
ORMOND BEACH FL 32174  
US

DAYTONA ELECTRIC AUTO RACERS  
P.O. BOX 730772  
ORMOND BEACH FL 32173-0772  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

06/18/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME BISS, KENNETH  
STREET ADDRESS 88 LINCOLN AVE.  
CITY-ST-ZIP ORMOND BEACH FL

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME HAROLD BAILEY  
1.3 STREET ADDRESS 312 NORTH BEACH Street  
1.4 CITY-ST-ZIP ORMOND BCH, FL

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

2.1 TITLE VPD ☒ Change ☐ Addition  
2.2 NAME KENNY, BISS  
2.3 STREET ADDRESS 88 LINCOLN AVE  
2.4 CITY-ST-ZIP ORMOND BCH, FL

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

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

TITLE TD ☐ DELETE  
NAME DICK SHAFER  
STREET ADDRESS 931 SANDCREST DR.  
CITY-ST-ZIP PORT ORANGE FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 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.

CR2E037 (9/96)

904-253-8647