


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

8 FILED
 Aug 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003784 (2)
 1. Corporation Name
FLORIDA TRUCK PULLERS ASSOCIATION, INC.



Principal Place of Business 2591 VERMONT STREET WEST MELBOURNE FL 32904	Mailing Address 2591 VERMONT STREET WEST MELBOURNE FL 32904
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3. Date Incorporated or Qualified
06/30/1997

4. FEI Number Applied For
 Not Applicable

2. Principal Place of Business 21
 2a. Mailing Address 26

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

Suite, Apt. #, etc. 22

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

City & State 23

7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24 Country 25

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

Zip 29 Country 30

9. Name and Address of Current Registered Agent
PARKER, BOB
2591 VERMONT STREET
WEST MELBOURNE FL 32904

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 and accept the obligations of a registered agent in 617.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, BOB	1.2 NAME	
STREET ADDRESS	2591 VERMONT STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGSHEAD, BILL	2.2 NAME	
STREET ADDRESS	3996 YOTHERS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH FL 32768	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, BOB	3.2 NAME	
STREET ADDRESS	8301 STARR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	
TITLE	<input type="checkbox"/> DELETE	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	
TITLE	<input type="checkbox"/> DELETE	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	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* **Bob Reynolds** 8-18-98 907-2219424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)