

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N97000005524 (0)
1. Corporation Name
LIGHTNING BOLT TRACK CLUB, INC.



Principal Place of Business 2945 4TH AVENUE SOUTH ST. PETERSBURG FL 33712	Mailing Address 2945 4TH AVENUE SOUTH ST. PETERSBURG FL 33712
---	---

3. Date Incorporated or Qualified 09/29/1997		
4. FEI Number 59-3101380	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BOYD, MARGARET C
2945 4TH AVENUE SOUTH
ST. PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

81 Name SAME	
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 **Margaret C. Boyd** DATE **1/10/98**

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

12. OFFICERS AND DIRECTORS

TITLE D	NAME CEO GARLYNN L. BOYD	DELETED <input type="checkbox"/>
STREET ADDRESS 4431 6TH ST. SO. #4	CITY-ST-ZIP ST. PETERSBURG, FL 33705	
TITLE T	NAME President Wanda Outlaw	DELETED <input type="checkbox"/>
STREET ADDRESS 2441 37TH ST. SO.	CITY-ST-ZIP ST. PETERSBURG, FL 33711	
TITLE T	NAME Vice-President Jackie Genes	DELETED <input type="checkbox"/>
STREET ADDRESS 535 Zanesville St. So.	CITY-ST-ZIP St. Petersburg, FL 33707	
TITLE T	NAME Treasurer Margaret C. Boyd	DELETED <input type="checkbox"/>
STREET ADDRESS 2945 4th Ave So.	CITY-ST-ZIP ST. PETERSBURG, FL 33712	
TITLE T	NAME FINANCE SECRETARY KIMBERLY BOYD	DELETED <input type="checkbox"/>
STREET ADDRESS 3797 37TH ST. SO. #81	CITY-ST-ZIP ST. PETERSBURG, FL 33712	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE: **Garlynn L. Boyd** *Garlynn L. Boyd* 1/10/98 (813) 790-0275

CR2007 (1097)