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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90039 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005524

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**

90192-90039-502



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3101380	Applied For Not Applicable
22	City & State SAME	27	City & State SAME	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	Zip	10. Name and Address of New Registered Agent	
25		30		9. Name and Address of Current Registered Agent	
BOYD, MARGARET C 2945 4TH AVENUE SOUTH ST. PETERSBURG FL 33712				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) SAME 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 <i>Margaret C. Boyd</i>				DATE 1-7-99	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME
DCEO	BOYD, GARLYNN L	4431 6TH ST, #4	ST PETERSBURG FL 33705	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME
TP	OUTLAW, WANDA	2441 37TH ST S	ST PETERSBURG FL 33711	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
T	BOYD, MARGARET C	2945 4TH AVE S	ST PETERSBURG FL 33712	2.5 STREET ADDRESS	2.6 CITY-ST-ZIP
TFS	BOYD, LAMBERLY KIMBERLY	3797 37TH ST S #81	ST PETERSBURG FL 33712	3.1 TITLE	3.2 NAME
T	GENES, JACKIE	535 ZAINESVILLE ST. SO.	ST. PETERSBURG FL 33707	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME
				4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME
				5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	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, with all other like empowered.

SIGNATURE: *Margaret C. Boyd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 (727) 895-8202
Date Daytime Phone #

CR2E037 (1/98)