

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P14841 (1)

1. Corporation Name
RACETRAC PETROLEUM, INC.



Principal Place of Business: 300 TECHNOLOGY COURT SMYRNA GA 30082-5232
Mailing Address: 300 TECHNOLOGY COURT SMYRNA GA 30082-5232

3. Date Incorporated or Qualified: 06/15/1987
3a. Date of Last Report: 05/11/1995

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

4. FEI Number: 63-0642959 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: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	LENKER, MAX V. [DELETE]	1.1 TITLE	[Change] [Addition]
NAME: LENKER, MAX V.		1.2 NAME	
STREET ADDRESS: 300 TECHNOLOGY COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP: SMYRNA GA		1.4 CITY-ST-ZIP	
TITLE: SD	BOLCH, SUSAN BASS [DELETE]	2.1 TITLE	[Change] [Addition]
NAME: BOLCH, SUSAN BASS		2.2 NAME	
STREET ADDRESS: 300 TECHNOLOGY COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP: SMYRNA GA		2.4 CITY-ST-ZIP	
TITLE: T	DUMBACHER, BOB [DELETE]	3.1 TITLE	[Change] [Addition]
NAME: DUMBACHER, BOB		3.2 NAME	
STREET ADDRESS: 300 TECHNOLOGY COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP: SMYRNA GA		3.4 CITY-ST-ZIP	
TITLE: CED	BOLCH, CARL, JR. [DELETE]	4.1 TITLE	[Change] [Addition]
NAME: BOLCH, CARL, JR.		4.2 NAME	
STREET ADDRESS: 300 TECHNOLOGY COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP: SMYRNA GA		4.4 CITY-ST-ZIP	
TITLE: [DELETE]		5.1 TITLE	[Change] [Addition]
NAME: [DELETE]		5.2 NAME	
STREET ADDRESS: [DELETE]		5.3 STREET ADDRESS	
CITY-ST-ZIP: [DELETE]		5.4 CITY-ST-ZIP	
TITLE: [DELETE]		6.1 TITLE	[Change] [Addition]
NAME: [DELETE]		6.2 NAME	
STREET ADDRESS: [DELETE]		6.3 STREET ADDRESS	
CITY-ST-ZIP: [DELETE]		6.4 CITY-ST-ZIP	

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

SIGNATURE: [Signature] April 19, 1996 (770)431-7600
ROBERT M. DUMBACHER, Treasurer Date Daytime Phone #

CR2E034 (12/95)