

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P14841 (1)**  
1. Corporation Name  
**RACETRAC PETROLEUM, INC.**



Principal Place of Business <b>300 TECHNOLOGY COURT SMYRNA GA 30082-5232</b>	Mailing Address <b>300 TECHNOLOGY COURT SMYRNA GA 30082-5235</b>
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3. Date Incorporated or Qualified <b>06/15/1987</b>		3a. Date of Last Report <b>04/26/1996</b>	
2. Principal Place of Business		4. FEI Number <b>63-0642959</b>	
2a. Mailing Address		Applied For Not Applicable	
21. Suite Apt # etc	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

**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 **FL** 85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LENKER, MAX V.</b>	
STREET ADDRESS	<b>300 TECHNOLOGY COURT</b>	
CITY- ST- ZIP	<b>SMYRNA GA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOLCH, SUSAN BASS</b>	
STREET ADDRESS	<b>300 TECHNOLOGY COURT</b>	
CITY- ST- ZIP	<b>SMYRNA GA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>DUMBACHER, BOB</b>	
STREET ADDRESS	<b>300 TECHNOLOGY COURT</b>	
CITY- ST- ZIP	<b>SMYRNA GA</b>	
TITLE	<b>CED</b>	<input type="checkbox"/> DELETE
NAME	<b>BOLCH, CARL, JR.</b>	
STREET ADDRESS	<b>300 TECHNOLOGY COURT</b>	
CITY- ST- ZIP	<b>SMYRNA GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CARL BOLCH III</b>	
1.3 STREET ADDRESS	<b>300 TECHNOLOGY COURT</b>	
1.4 CITY- ST- ZIP	<b>SMYRNA GA 30082</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ALLISON BOLCH MORAW</b>	
2.3 STREET ADDRESS	<b>300 TECHNOLOGY CT</b>	
2.4 CITY- ST- ZIP	<b>SMYRNA GA 30082</b>	
3.1 TITLE	<b>WAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HARRIET LANDALL</b>	
3.3 STREET ADDRESS	<b>300 TECHNOLOGY CT.</b>	
3.4 CITY- ST- ZIP	<b>SMYRNA GA 30082</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Bob Dumbacher* **REQUIRED** 4/25/97 770-431-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)