

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90025 012 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P14841**

1. Corporation Name  
**RACETRAC PETROLEUM, INC.**

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



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**06/15/1987**  
 4. FEI Number      Applied For  
**63-0642959**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution  
 8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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      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	PASD	<input type="checkbox"/> DELETE
NAME	LENKER, MAX V.	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY-ST-ZIP	SMYRNA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOLCH, SUSAN BASS	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY-ST-ZIP	SMYRNA GA	
TITLE	TCFO	<input type="checkbox"/> DELETE
NAME	DUMBACHER, BOB	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY-ST-ZIP	SMYRNA GA	
TITLE	CECS	<input type="checkbox"/> DELETE
NAME	BOLCH, CARL, JR.	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY-ST-ZIP	SMYRNA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOCH, CARL 111	
STREET ADDRESS	300 TECHNOLOGY CT	
CITY-ST-ZIP	SMYRNA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLCH MORAN, ALLISON	
STREET ADDRESS	300 TECHNOLOGY CT	
CITY-ST-ZIP	SMYRNA GA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *[Signature]*      **SIGNATURE REQUIRED**      4/13/99 (770) 431-7600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/98)