SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc

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PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

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Zip

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

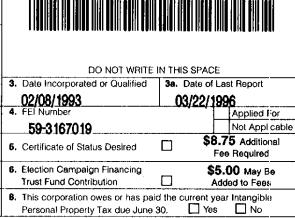
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000011396 (7) CRENSHAW MOTORSPORTS, INC. Principal Place of Business Mailing Address 209 HEATHERPOINT DR 209 HEATHERPOINT DR LAKELAND FL 33809 LAKELAND FL 33809

Country

25

FILED Sep 18 1997 8:00am Secretary of State



9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRENSHAW, MARTHA 209 HEATHERPOINT DR Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33809** 83 84 Zip Code

Country

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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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE Change ___ Addition TITLE 1.1 TITLE CRENSHAW, GEORGE L NAME 1.2 NAME 209 HEATHERPOINT DR STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME CRENSHAW, MARTHA M 2.2 NAME 209 HEATHERPOINT DR STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZIP DELETE TITLE 5.1 TITLE ☐ Change □ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 3 if chapter 60, or on an attachment with an address.

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11/97