


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90141 012 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P93000011396</b>			
<b>1. Corporation Name</b> <b>CRENSHAW MOTORSPORTS, INC.</b>			
<b>Principal Place of Business</b> 1352 STRATTON DR LAKELAND FL 33813 US		<b>Mailing Address</b> 1352 STRATTON DR LAKELAND FL 33809 US	
<b>2. Principal Place of Business</b> 21 6233 Old Hwy 37 Suite, Apt. #, etc. 22 Lakeland, FL City & State 23 33811 USA Zip Country		<b>2a. Mailing Address</b> 26 6233 Old Hwy 37 Suite, Apt. #, etc. 27 Lakeland, FL City & State 28 33811 US9 Zip Country	
<b>3. Date Incorporated or Qualified</b> 02/08/1993		<b>4. FEI Number</b> 59-3167019	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> CRENSHAW, MARTHA 209 HEATHERPOINT DR LAKELAND FL 33809		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6233 Old Hwy 37 83 84 City Lakeland FL 85 Zip Code 33811	
<b>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.</b> SIGNATURE <i>Martha M. Crenshaw</i> DATE 2/10/99 <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE D NAME CRENSHAW, GEORGE L STREET ADDRESS 1352 STRATTON DR CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 6233 Old Hwy 37 1.4 CITY-ST-ZIP LAKELAND, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CRENSHAW, MARTHA M STREET ADDRESS 1352 STRATTON DR CITY-ST-ZIP LAKELAND FL 33813	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 1352 Old Hwy 37 2.4 CITY-ST-ZIP LAKELAND, FL 33811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

941-701-7326

CR2E034 (11/98)