

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:43

DOCUMENT # **P93000016686 (6)**

1. Corporation Name

THE CORPORATE MOTORSPORTS COMPANY

Principal Place of Business

Mailing Address

877 EXECUTIVE CENTER DR., W.
SUITE 303
ST PETERSBURG FL 33702
US

P. O. BOX 22095
ST PETERSBURG FL 33742
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/04/1993	03/25/1994
4. FEI Number	Applied For
59-3167644	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

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	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASCARA, ERNEST L
877 EXECUTIVE CENTER DR., W.
SUITE 303
ST PETERSBURG FL 33702

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

Ernest L. Mascara
Signature (typed or printed name of registered agent and title is acceptable)

ERNEST L. MASCARA

(NOTE: Registered Agent signature required when reappointing)

DATE

3-21-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	1. TITLE		Change ☒ Addition ☐
NAME	BAUGHMAN, JAMES	2. NAME		
STREET ADDRESS	TYNECASTLE	3. STREET ADDRESS	221 BANYAN STREET	
CITY - ST - ZIP	BANNER ELK NC	4. CITY - ST - ZIP	BOCA GRANDE, FLORIDA 33921	
TITLE	VP	5. TITLE	VT	Change ☒ Addition ☐
NAME	JOHNSON, NANCY P.	6. NAME		
STREET ADDRESS	TYNECASTLE	7. STREET ADDRESS		
CITY - ST - ZIP	BANNER ELK NC	8. CITY - ST - ZIP		
TITLE		9. TITLE		Change ☐ Addition ☐
NAME		10. NAME		
STREET ADDRESS		11. STREET ADDRESS		
CITY - ST - ZIP		12. CITY - ST - ZIP		
TITLE		13. TITLE		Change ☐ Addition ☐
NAME		14. NAME		
STREET ADDRESS		15. STREET ADDRESS		
CITY - ST - ZIP		16. CITY - ST - ZIP		
TITLE		17. TITLE		Change ☐ Addition ☐
NAME		18. NAME		
STREET ADDRESS		19. STREET ADDRESS		
CITY - ST - ZIP		20. CITY - ST - ZIP		
TITLE		21. TITLE		Change ☐ Addition ☐
NAME		22. NAME		
STREET ADDRESS		23. STREET ADDRESS		
CITY - ST - ZIP		24. 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 110.07(3)(b), Florida Statutes. I further certify that this 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 this 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:

James Baughman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES BAUGHMAN

3/16/95

Signature (Typed)