

813-573-1202 GLADES 303
FILE NOW. FILING FEE \$10.00. TO \$25.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 11 1996 8:00 am
Secretary of State

DOCUMENT # P93000016686 (6)

1. Corporation Name

THE CORPORATE MOTORSPORTS COMPANY



Principal Place of Business

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

Mailing Address

P. O. BOX 2806
ST PETERSBURG FL 33742
US

3. Date Incorporated or Qualified 03/04/1993	3a. Date of Last Report 03/31/1995
4. FEI Number 59-3167644	Applied For 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. The corporation has liability for intangible tax under s. 199.002, Florida Statutes. ☒ Yes ☐ No	

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

g. Name and Address of Current Registered Agent

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

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 607.0602 and 607.1506, 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 607.0606, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	BAUGHMAN, JAMES	1.2 NAME	
STREET ADDRESS	221 BANYAN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	Corporate Secretary
NAME	JOHNSON, NANCY P.	2.2 NAME	Andrea M. Webber
STREET ADDRESS	TYNECASTLE	2.3 STREET ADDRESS	Tynecastle
CITY-ST-ZIP	BANNER ELK NC	2.4 CITY-ST-ZIP	Banner Elk, NC 28604
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	400001859 FSA
STREET ADDRESS		5.3 STREET ADDRESS	-06/12/96--01019--012
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***225.00
TITLE		6.1 TITLE	
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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES BAUGHMAN

Date

Daytime Phone #

6/3/96

897
8901