SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P94000010986 (5) D & D RACING ENTERPRISES, INC. Principal Place of Business Mailing Address 8150 LONESTAR ROAD 8150 LANESTAR ROAD JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1994 07/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3220425 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intengible 24 25 29 Personal Property Tax due June 30. ☐ Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DURDEN, H B JR 8150 LONESTAR ROAD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32211 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, if 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 in the obligations of, Section 607.0505, Florida Statules. H.B Durdo SIGNATURE registernd agent and little if applicable FICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ■ Addition TITLE 1.1 TITLE DURDEN, MARYANNE NAME 1.2 NAME 474 Aapaya Ct **1631 7TH STREET S.** 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 Jak FL 32225 CITY-ST-ZIP 1.4 City - \$1 - 7IP DELETE ☐ Change Addition TITLE 2.1 THLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 City - St - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

(4/97

14. I do hereby certify that the information supplied with this filing does not dialify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on his annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or directed of the deprevalence or trusted or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if dhanged or on an attackment with an address.

NAME

STREET ADDRESS