

FILE NOW: FILING FEE AFTER MAY 13 \$225.00

1-3

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000005881 (4)

1. Corporation Name

ALLISON MOTORSPORTS, INC.



Principal Place of Business

3550 RIDGEWOOD AVE  
PORT ORANGE FL 32119

Mailing Address

3550 RIDGEWOOD AVE  
PORT ORANGE FL 32119

3. Date Incorporated or Qualified  
01/19/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

401 CHARLES ST

27

Suite, Apt. #, etc.

28

PORT ORANGE, FLORIDA

29

32119

30

USA

4. FEI Number  
59-3294633

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. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLISON, JERRY  
3550 RIDGEWOOD AVE  
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name

Allison, Penny

82 Street Address (P.O. Box Number is Not Acceptable)

401 Charles Street

83

84 City

Port Orange

FL

85 Zip Code

32119

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 officer 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

Penny E. Allison

*Penny E. Allison*

4/29/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~PRESIDENT~~  
JERRY K. Allison  
3550 Ridgewood Ave  
Port Orange, FL

☒ DELETE

Deceased

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

X DPST  
PENNY E. ALLISON  
3550 RIDGEWOOD AVE  
PORT ORANGE, FL 32119

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

500001907045  
-07/29/96--01028--046  
\*\*\*225.00

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 119.07(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

*Penny E. Allison*

4-29-96 761-2675  
(904-)  
JN

CR2E034 (12/95)

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

2-3

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INKCERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO.

1 DECEDENT'S NAME		FIRST Jerry	MIDDLE K.	LAST Allison	2 SEX Male
3 DATE OF DEATH (Month, Day, Year)		4 SOCIAL SECURITY NUMBER		5a AGE-Last Birthday (years)	5b UNDER 1 YEAR Months Days
July 27, 1995		264-11-6182		41	Sc UNDER 1 Day Hours Minutes
6 DATE OF BIRTH (Month, Day, Year)		7 BIRTHPLACE (City and State or Foreign Country)			8 WAS DECEDENT EVER IN US ARMED FORCES? (Yes or No)
September 8, 1953		Jacksonville, Florida			No
9a PLACE OF DEATH (Check only one see instructions on other side)					9b INSIDE CITY LIMITS? (Yes or No)
HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Halifax River					Yes
9c FACILITY NAME (If not institution, give street and number)			9d CITY, TOWN, OR LOCATION OF DEATH		9e COUNTY OF DEATH
Halifax River			Port Orange		Volusia
10a DECEDENT'S USUAL OCCUPATION		10b KIND OF BUSINESS/INDUSTRY		11 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	
Owner/Operator		Fiberglass		Married	
12 SURVIVING SPOUSE (If wife, give maiden name)		Penny Paulk			
13a RESIDENCE — STATE		13b COUNTY		13c CITY, TOWN, OR LOCATION	
Florida		Volusia		Port Orange	
13d STREET AND NUMBER		401 Charles Street			
13e INSIDE CITY LIMITS? (Yes or No)		13f ZIP CODE		14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Mexican, Puerto Rican, etc.)	
Yes		32119		X No — Yes	
15 RACE — American Indian, Black, White, etc. Specify		16 DECEDENT'S EDUCATION (Specify only highest grade completed)			
White		Elementary/Secondary (10-12) 12 College (13 or 14 or 15)			
17 FATHER'S NAME (First, Middle, Last)			18 MOTHER'S NAME (First, Middle, Maiden Surname)		
Kenneth Allison			Alison Reve		
19a INFORMANT'S NAME (Type/Print)			19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
Penny Allison			401 Charles Street, Port Orange, Florida 32119		
20a METHOD OF DISPOSITION		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c LOCATION — City or Town, State	
X Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		Clifton Cemetery		Barberville, Florida	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b LICENSE NUMBER (of licensees)		21c NAME AND ADDRESS OF FACILITY	
<i>Paul L. Leonard</i>		2489		Cardwell Funeral Home; 3571 Ridgewood Avenue, Port Orange, FL	
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)		22b DATE SIGNED (Mo., Day, Yr.)		22c HOUR OF DEATH	
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a On the basis of examination and/or investigation, in my opinion death occurred the time, date and place and due to the cause(s) and manner as stated (Signature and Title)			
23b DATE SIGNED (Mo., Day, Yr.)		23c HOUR OF DEATH		23d MEDICAL EXAMINER'S CASE #	
July 28, 1995		5:48P		95-07-000429	
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)					
Ronald L. Reeves, MD (Medical Examiner) 1501 Bellevue Ave; Daytona Beach, FL 32114					
25a SUBREGISTRAR — SIGNATURE AND DATE			25b LOCAL REGISTRAR — SIGNATURE		
<i>Christine Knight</i> 7-31-95			<i>Carole K. Medeiros D.P.O.</i> 7-31-95		
26 PART I Enter the disease, injuries, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →					
a. Drowning					
DUE TO (OR AS A CONSEQUENCE OF)					
b. DUE TO (OR AS A CONSEQUENCE OF)					
c. DUE TO (OR AS A CONSEQUENCE OF)					
d.					
27a WAS AN AUTOPSY PERFORMED? (Yes or No)					
Yes					
27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)					
Yes					
28 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)					
Yes					
29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? — YES — NO		30a IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED		30b DATE OF SURGERY (Mo., Day, Year)	
31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined		32a DATE OF INJURY (Month, Day, Year)		32b TIME OF INJURY	
Accident		July 27, 1995		Unk	
32c INJURY AT WORK? (Yes or No)		32d DESCRIBE HOW INJURY OCCURRED			
No		Drown trying to swim after his boat who got adrift.			
32e PLACE OF INJURY — At home, farm, street, factory, etc. (Specify)		32f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
Halifax River		Halifax River, Port Orange, FL			

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RECEIVED  
7-21-95

IN THE CIRCUIT COURT, SEVENTH  
JUDICIAL CIRCUIT, IN AND FOR  
VOLUSIA COUNTY, FLORIDA

CASE NO.: 95-12022-PRDL  
DIVISION: 37

IN RE: ESTATE OF  
JERRY K. ALLISON,  
Deceased.

LETTERS OF ADMINISTRATION  
(Single Personal Representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Jerry K. Allison, a resident of Volusia County, Florida, died on July 27, 1995,  
owning assets in the State of Florida, and

WHEREAS, Penny Allison has been appointed personal representative of the estate of the  
decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare Penny Allison to be duly qualified  
under the laws of the State of Florida to act as personal representative of the estate of JERRY K.  
ALLISON, deceased, with full power to administer the estate according to law; to ask, demand, sue for,  
recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets  
of the estate will permit and the law directs; and to make distribution of the estate according to law.

WITNESS my hand and the seal of this Court this 18 day of Sept, 1995.

JOHN W. WATSON, III

Circuit Judge

Form No.P-0700  
(c) The Fla. Bar 8/93