

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000079258 (6)

1. Corporation Name

FASTRAX RACEWAY OF PANAMA CITY, INC.



Principal Place of Business

4305 NEPTUNE ROAD
ST. CLOUD FL 34769

Mailing Address

4305 NEPTUNE ROAD
ST. CLOUD FL 34769

2. Principal Place of Business

21 9802 Front Beach Rd.

Suite, Apt. #, etc.

22

City & State

23 Panama City Beach, FL

Zip

24 32407

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 423267

Suite, Apt. #, etc.

27

City & State

28 Kissimmee, FL 34742

Zip

29 34742

Country

30 U.S.A.

3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

4. FEI Number

59-3369502

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

MILES, R S JR
4305 NEPTUNE ROAD
ST. CLOUD FL 34769

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

Signature typed or printed name of registered agent or director, officer, or authorized signatory

Date of Signature (Typed Name of Signatory and Date of Signature)

Date of Signature

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
D MILES, R S JR
STREET ADDRESS
4305 NEPTUNE ROAD
CITY-ST-ZIP
ST. CLOUD FL 34769

TITLE ☒ DELETE

NAME
D DAVIS, DEBRA A
STREET ADDRESS
4305 NEPTUNE ROAD
CITY-ST-ZIP
ST. CLOUD FL 34769

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME
President
Rick W. Taylor
STREET ADDRESS
4430 White Oak Circle
CITY-ST-ZIP
Kissimmee, FL 34746

2.1 TITLE ☐ Change ☒ Addition

NAME
Secretary / Treasurer
Albert J. Bruno
STREET ADDRESS
15 W. Lake Drive
CITY-ST-ZIP
S. Barrington, IL 60010

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
200001859312
STREET ADDRESS
-06/12/96--01022--005
CITY-ST-ZIP
***225.00

5.1 TITLE ☐ Change ☐ Addition

NAME
100001859311
STREET ADDRESS
-06/12/96--01022--004
CITY-ST-ZIP
***8.75

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 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:

Rick Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96

407-396-6678
Date of Filing

CR2E034 (12/95)