

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000095390 (7)

1. Corporation Name

MICKYARD RACING, INC.

Principal Place of Business

**P.O. BOX 1599
WINTER PARK FL 32790**

Mailing Address

**P.O. BOX 1599
WINTER PARK FL 32790**



2. Principal Place of Business

2a. Mailing Address

21 **710 E. Colonial Dr**

26 **PO BOX 1926**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 101**

27

City & State

City & State

23 **Orlando, FL**

28 **Orlando, FL**

Zip Country

Zip Country

24 **32803**

25

29 **32802**

30

9. Name and Address of Current Registered Agent

**LIVINGSTON, EDWARD M
628 ELLEN DRIVE
WINTER PARK FL 32790**

3. Date Incorporated or Qualified

12/18/1995

3a. Date of Last Report

4. FEI Number

59-3351889

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

10. Name and Address of New Registered Agent

81 Name

David D. Fussell

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

710 E. Colonial Drive

83

Suite 101

84 City

Orlando

FL

85 Zip Code

32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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

David D. Fussell

David D. Fussell

7-5-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D FUSSELL, DAVID D**
STREET ADDRESS **1807 MAPLEWOOD DRIVE**
CITY-STATE-ZIP **ORLANDO FL 32803**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ Change ☐ Addition

2. NAME **D/P**
3. STREET ADDRESS **Fussell, David D.**
4. CITY-STATE-ZIP **1807 Maplewood Dr.**
Orlando, FL 32803

5. TITLE ☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP

600001905978
-07/26/96--01079--019
*****225.00**

7/26/96

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 19.07(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:

David D. Fussell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David D. Fussell, President

7-5-96 (407) 481-2488

CR2E034 (12/95)