

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000020491 (2)

1. Corporation Name  
CELEBRATION RACING, INC.

Principal Place of Business

4171 DUNRAVEN LANE  
JACKSONVILLE FL 32223

Mailing Address

4171 DUNRAVEN LANE  
JACKSONVILLE FL 32223-3504



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/04/1996

3a. Date of Last Report

4. FEI Number

59-3375563

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

MAXWELL, RONALD W  
4811 ATLANTIC BOULEVARD  
SUITE #4  
JACKSONVILLE FL 32207-2129

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 607.0502 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 of the corporation or its registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN D	
STREET ADDRESS	4171 DUNRAVEN LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, WENDY E	
STREET ADDRESS	4171 DUNRAVEN LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, COURTNEY L	
STREET ADDRESS	4171 DUNRAVEN LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, VICTORIA A	
STREET ADDRESS	4171 DUNRAVEN LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Smith, John D	
13 STREET ADDRESS	4171 Dunraven Lane	
14 CITY - ST - ZIP	Jacksonville, FL 32223	
21 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Smith, Wendy E	
23 STREET ADDRESS	4171 Dunraven Lane	
24 CITY - ST - ZIP	Jacksonville FL 32223	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*John D Smith*

John D. Smith / president

1/8/97 (904) 419-5868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)