## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT STATE

Sandra B, Morth

Secretary of State DIVISION OF CORPORA IONS

DOCUMENT # P96000033172 (3)

T L C & COMPANY MOTOR SPORTS, INC.



97 JUN 25 AH 8: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place	e or Business	mailing Address			
801 BAHIA DEL SOL DRIVE RUSKIN FL 33570		901 BAHIA DEL SOL DRIVE Ruskin Fl 33570-3018			
					3. Date Incorporated or Qualified 3s. Date of Last Report 04/12/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3372\3\ Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	<del> </del>	untry	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	т	Florida Statutes Yes No
	9, Name and Address of Current	Hegistered Agent		81 Name	10. Name and Address of New Registered Agent
	LEY, THOMAS L			Name	ic.
	SW 17 AVENUE		82 Street Add		et Address (P.O. Box Number is Not Acceptable)
OCA	LA FL 34474			00	
				83	
•				84 City	85 Zip Code
		1007-1500 51 11	<u> </u>	<u> </u>	FL M
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 objection 607.0505, Florida Statutes.					
agent. I am familiar with and accept the objections of Section 607.0505, Florida Statutes.					
SIGNATURE 1/26/9)					
12.	Signature, type or grinted name of registered agent OFFICERS AND	I and little Tropicable	(NOTE: Registero	d Agent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P OFFICERS AND	DINECTORS		ITI F	Change Addition
NAME	CROLEY, THOMAS L	F 17444	1.2 N		100022272719 -07/01/9701009006 ****165.00 ****165.00
STREET ADDRESS	3220 SW 17 AVENUE			treet address	_07/01/9701009006_
CITY-ST-ZIP	OCALA FL 34474			174-S1-ZIP	*****165.UU *****165.UU
TITLE	V	DELE			Change Addition
NA/E	FLEMING, TED	<b></b>	2.2 N		
STREET ADDRESS	901 BAHIA DEL SOL DRIVE			TREET ADDRESS	2
STY-ST-ZIP	RUSKIN FL 33570		I	111Y-ST-ZIP	
TITLE	81	DELE			Change Addition
NAME	FLEMING, JUDY		3.2 N		
STREET ADDRESS	901 BAHIA DEL SOL DRIVE			TREET ADDRESS	s
CITY-ST-ZIP	RUSKIN FL 33570			HTY-ST-ZIP	
TITLE		DELE:			Change
NAME			4.21	IAME	
STREET ADDRESS			4.3 \$	TREET ADDRESS	s
CITY-ST-ZIP			4.4 C	HY-ST-ZIP	
TITLE		DELE			Change Addition
NAME			5.2 N	AME	
STREET ADDRESS			5.3 S	TREET ADDRESS	
CITY-ST-ZIP			l l	ITY-ST-ZIP	) () alau
TITLE	- 11-2-2	☐ DELE			☐ Change ☐ Addition
NAME			6.2 N	AME	1012Chin
STREET ADDRESS			6.3 \$	TREE1 ADDRESS	s   (1/27/97)
CITY-ST-ZIP				ITY - \$1 - ZIP	1 1 1 1

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 ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 order attachment with an address.

2/21/07

C12 615 4771