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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033172 (3)

T L C & COMPANY MOTOR SPORTS, INC.

Principal Place of Business Mailing Address

901 BAHIA DEL SOL DRIVE
RUSKIN FL 33570 RUSKIN FL 33570

FILED Apr 20 1998 8:00am Secretary of State

	DO NOT	WRITE IN TI	HIS SPACE	
Data Incorna	ratad ar Own	اممنائنا		

⊢	<u> </u>			·-···					U4/12/1990		
2. Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number Applied For			
21			26					59-3372131 Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional			
22			27					Fee Required			
City & State			City & State					Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution Added to Fees			
	Žip		Country		Zıp	Co	ountry		This corporation owes or has paid the current year Intangible		
24			25	29		30			Personal Property Tax due June 30. Yes No		
		g, Name	and Address of Curre	nt Registe	ered Agent		L		10. Name and Address of New Registered Agent		
	CRO	OLEY, THO	MAS L				B1 Name				
l							00 Characterist (D.C. Dr. 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
l	3220 SW 17 AVENUE OCALA FL 34474					82 Street Address (P.O. Box Number is Not Acceptable)					
	UUALA PL 344/4					83					
1											
ĺ							84	City	FL 85 Zip Code		
۱	Pursuant I	to the provie	ions of Sactions 607 05	02 and 60	7 1508 Elorida Ctatul	too the		named se			
' '	office or re	egistered ag	ant, or both, in the Ate	e of F jo rida	z. Such change was	authorize	ed by	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
	agent. I a	m familia	in, and accept the oblig	pations of,	Section 607.0505, FI	lorida Sta	atutes	· .	1 22 00		
SI	IGNATURE		$M \sim U$	IJ,	<u> </u>			nome	as L. Croley 4-20-98		
		Signature, typiod	or printed name of registered ag					ni signature rec	equired when reinstating) DATE		
12			OFFICERS AN	AD DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIT		P	T1101110 1		☐ DELETE		TITLE		Change Addition		
	ME		, THOMAS L				NAME				
STI	REET ADDRESS		/ 17 AVENUE			1.3 9	STREET	ADDRESS			
	TY-ST-ZIP	OCALA I	FL 34474			1.4 (CITY-S	T-ZIP			
TIT	rle i	V			☐ DELETE	2.11	TITLE	1	☐ Change ☐ Addition		
NA	IME	FLEMING	, TED			2.21	NAME				
STI	REET ADORESS	901 BAH	NA DEL SOL DRIVE			2.3 9	STREET	ADDRESS			
CIT	TY-ST-ZIP	RUSKIN	FL 33570			2.4	CHY-S	it-ziP			
TIT	LE	ST			DELETE	3.1 7	IITLE		Change Addition		
NA	IME	FLEMING	3. JUDY			3.2	NAME				
STI	REET ADDRESS		IA DEL SOL DRIVE					ADDRESS			
	IY-ST-ZIP		FL 33570				CITY-S	1			
TH		11001111			DELETE	_	OTLE		☐ Change ☐ Addition		
NA	ME						NAME	[
	REET ADDRESS							4000000			
								ADDRESS			
CH	TY-ST-ZIP				DELETE		CITY-5	I-ZIP	Disco		
					. 🗀 Ματά	5.1 7			Change Addition		
NA							AME				
ST	REET ADDRESS					5.3 5	STREET	ADDRESS			
	TY-ST-ZIP					5.4 0	CITY-S	[-ZIP			
TUT	ue				☐ DELETE	.61 T	ITLE		Change Addition		
NAI	ME					62 N	IAME				
STE	REET ADDRESS					6.3 5	TREET	ADDRESS			
CIT	Y-ST-ZIP					641	MY-SI	7-71P			

14. I 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 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 on invalidachiment with an address.

SIGNATURE:

Hen [Cal

4-20-98

:R2E034 (10/97)