SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name P96000087600 (8)

CHITWOOD MOTOR SPORTS, INC.

## **FILED** Sep 17 1998 8:00am Secretary of State



At10 WEST ALVA STREET TAMPA FL 33614  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 3. Date Incorporated or Qualified 10/22/1996 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State  Assignment of Status Desired Fee Required Fee Required Fee Required  \$5.00 May Be									
TAMPA FL 35814  TAMPA FL 35814	Principal Place of Business Mailing Address								
2. Principal Place of Business	4410 WEST ALV	A STREET	4410 WEST ALVA STREET						
2. Principal Piace of Business   2a. Maining Address   4. FEI Number   59:3417552   Applied From 1 Applied From	TAMPA FL 3361	4	TAMPA FL 33614				DO NOT WRITE IN THIS SPACE		
2. Principal Piace of Business   2. Mailing Address   4. FER Number   1. Next Application   1. Surfa, Apt. 8, etc.   27   Surfa, Apt. 8, etc.   28   Surfa, Apt. 9, etc.   28   Surfa,									
2. A Maling Address   2. A Maling Address   3. Cap   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Certificate of Status Desired   5. Sulfo, Aprl. #, etc.   5. Sulfo, Aprl. #,									
Suite, Apt. #, etc.   20, Apt. #, etc.   20, Apt. #, etc.   27, Apt.	2. Principal Pla	ace of Business	2a. Mailing Address					Applied For	
Suite, Apt. #, etc.   20, Apt. #, etc.   20, Apt. #, etc.   27, Apt.	21		26				59-3417552	Not Applicable	
City & Stato   27   City & Stato   28   City & Stato   28   City & Stato   28   City & Stato   28   City & Stato   29   Country   29   Coun		#, etc.	Suite, Apt. #, etc.					* - · · · · · · · · · · · · · · · · · ·	
29 Country 2/p Country 2/p Country 8. This corporation women of hasp add the cugged year inapable personal Property Tax due June 30. Whe No	22		27				S. Continuate of Oldres Desired	Fee Required	
Zip   Zis   Zip   Zis   Zip   Zis   Zip   Zis   Zip   Zis	City & State		<u></u> 1 - 1			1 1 1			
25   29   30   Personel Property Tax due June 30.   Mex   No	23								
B. Name and Address of Current Registered Agent  CHTIWOOD, JOEL S  410 WEST ALVA STREET TAMPA FL 33614  18. Name  82 Size of Address (P.O. Box Number is Not Acceptable)  83 Size of Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of sections 607,0502 and 607,1508, Fiorida Statuties, the above-named corporation submits this statement for the purpose of changing list registered agent in familiar with, and accept the obligations of, section 607,0508, Fiorida Statuties, the above-named corporation submits this statement for the purpose of changing list registered agent in familiar with, and accept the obligations of, section 607,0505, Fiorida Statuties.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  14. OFFICERS AND DIRECTORS  15. TITLE		<u>├</u>		<u> </u>					
CHITWOOD, JOEL S 410 WEST ALVA STREET TAMPA R. 33614  10	24			30					
Aution WEST ALVA STREET TAMPA FL 33614  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its 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, in firmfair with, and cosept the ollegations of, section 607.0505, Floridal Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in firmfair with, and cosept the ollegations of, section 607.0505, Floridal Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. CHITWOOD, TIMOTHY H  4410 WEST ALVA STREET  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. CHITWOOD, TIMOTHY H  4410 WEST ALVA STREET  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  20.	OLUT		Kañistaian Whatir		81	Name	10. Harre and Address of New Registers	21, 711	
TAMPA FL 33614  83  84 City FL 85 Zip Code  91. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this stafement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent, or both, in the State of Fiorida. Statutes  SIGNATURE  Signature, the provisions of sections 607.0505, Phorida Statutes.  SIGNATURE  Signature, the provisions of sections 607.0505, Phorida Statutes.  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. INTIRE  OFFICERS AND DIRECTORS IN 12.  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. TAMPA FL 33614  14. CITYST2P  15. TAMPA FL 33614  14. CITYST2P  15. TITLE  OFFICERS AND DIRECTORS IN 12.  15. TITLE  OFFI				ļ					
11. Pursuamnt to the provisions of sections 607 0502 and 607 1508. Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. Such change was euthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, section 607 0505, Florida Statutes. Statutes.  SIGNATURE   Superbure, typed or printed name of implaned aparts and time if applications   (NOTE: Respected Agent algoritum required when rehalding)   DATE			82 Street Add			Street Addre	ess (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was euthorized 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, Type of opiniod name of negistered agent and the if spicitable (NOTE Registered Agent signature required when rehisted properties and DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE D CHITWOOD, JOEL S 12. TAWE  STREET ADDRESS 4410 WEST ALVA STREET 13. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE D CHITWOOD, TIMOTHY H 22. TAWE 22. TAWE 22. TAWE 22. TAWE 4410 WEST ALVA STREET 22. STREET ADDRESS 13. TAWPA FL 33614  TITLE D CHITWOOD, TIMOTHY H 22. TAWE 22. TAWE 22. TAWPA FL 33614  4410 WEST ALVA STREET 22. STREET ADDRESS 13. TAWPA FL 33614  THE DELETE 3. THILE CHITWE CHANGE AGENT AGEN	IAMI	TA FL 33014		f	83				
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office or registered agent, or both, in the State of Horidas Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, and accept the obligations of, section 607 05005, Florida Studieds.    Significant   Signifi						•		L	
Signature   Sign	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, or support the purpose of section 607.0505. Florida Statutes.								
12	SIGNATURE								
TITLE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Re					ent signature requ		NIO DIDECTORS IN 12	
NAME   CHITWOOD, JOEL S   12 NAME   13 STREET ADDRESS   1410 WEST ALVA STREET   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-ZIP   TAMPA FL 33614   14 CITY-ST-ZIP   CHANGE   Addition   CHITWOOD, TIMOTHY H   22 NAME   23 STREET ADDRESS   CITY-ST-ZIP   TAMPA FL 33614   24 CITY-ST-ZIP   Change   Addition   Additi	· · · · · · · · · · · · · · · · · · ·		7			·····	ADDITIONS/CHANGES TO OFFICERS /		
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	CHY-S1-ZIP   6.4 UNY-S1-ZIP   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 at my signature shall have the same legal effect as if made under oath; that I am his report as required by Chapter 607, Florida Statutes; and that **my** name appears an officer or director of the corporation or the receiver of In Block 12 or Block 13 if changed, or on an approximation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the corporation of the receiver of the corporation of the corpo