SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099077 (5)

WILL CAGLE'S EAST BAY SPEEDWAY, INC.

FILED Sep 10 1997 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address		1 (30(100) 110 (30(1) 20(1) 30(1)	3111 00110 10110 10111 00111 10011 10011 1001	
18104 NORTH 15TH STREET 18104 NORTH 15TH STREET						
LUTZ FL 33549 LUTZ FL 33549				DO NOT WRITE	IN THIS SPACE	
:				3. Date Incorporated or Qualified	3a. Date of Last Report	
				12/05/1996		
2. Principal P	Place of Business	28. Mailing Address 26. 63// BUR Suite, Apt. #, etc.		4. FEI Number	Applied For	
21 63		26 63/1 BUR	13 KOAD	59-3426152	Not Applicable	
Suite Apt.	<u> </u>	Suite, Apt. #, etc.		(0.10)	SR 75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 GiB.	SOURIN, FL.	28 TAMPA	FL.	Trust Fund Contribution	Added to Fees	
Zip	Country //		Country	8. This corporation owes or has pa	iid the current year Intangible	
24 336	1201 11/ //		HillsBoa			
	9. Name and Address of Current F	Registered Agent		10. Name and Address of New Re	gistered Agent	
	NUL E. RIFFEL, P.A.		81 Name			
	19 WEST FLETCHER AVENUE		82 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
, TA	MPA FL 33612		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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DELETE	1.1 TALE			
NAME	CAGLE, CHANDLER W		1.2 NAME		5	
STREET ADDRESS	18104 NORTH 15TH STREET		1.3 STREET ADDRESS		82503	
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY - \$1 - ZIP			
TITLE	SD	☐ DELFTE	2.1 TITLE		Change C Addition C	
NAME	CAGLE, BARBARA		2.2 NAME			
STREET ADDRESS	16104 NORTH 15TH STREET		2.3 STREET ADDRESS	·		
CITY-ST-ZIP	LUTZ FL 33549		2 4 CITY-ST-ZIP			
TITLE	VO	☐ DEFEIE	31 1IILE		Change Addition	
NAME	KOLAN, STANLEY T		3.2 NAME			
STREET ADDRESS	C/O 25 EAST 67TH STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10021		3.4. CITY - ST - 7IP			
TITLE	TD	L] DELETE	4.1 TITLE		Change Acdition	
NAME	KOLAN, MATTHEW A		4. 2 NAME			
STREET ADDRESS	C/O 25 EAST 67TH STREET	Į	4.3 STREET AUDRESS		į	
CITY-ST-ZIP	NEW YORK NY 10021		4.4 CITY - ST - ZIP			
TITLE	}	☐ DELET E	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE			6.1 TITLE		Change Addition	
NAME			6.2 NAME		<i>)</i>	
STREET ADDRESS			6.3 STREET ADDRESS	•		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	adia Castian 140 07/07(i) Florida Carl to	/	
امتحاجاتها العا	by contify that the information exampled u			an in Frantian 140 07(9Vi). Elazida Cialuta		

do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Socion 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 undot 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.