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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000013523

1. Corporation Name
DEAD LAKES SPEEDWAY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: HIGHWAY 22A, WEWAHITCHKA FL 32465
Mailing Address: POST OFFICE BOX 1020, WEWAHITCHKA FL 32465

3. Date Incorporated or Qualified: 02/11/1997

2. Principal Place of Business (21) Hwy 22A, Suite, Apt. #, etc. (22) City & State: Wevahitchka Fl. (23) Zip: 32465, Country: Gulf
2a. Mailing Address (26) RT 1 Box 267, Suite, Apt. #, etc. (27) City & State: Blountstown Fl. (28) Zip: 32424, Country: Calhoun
4. FEI Number (59-3427090) Applied For (Not Applicable)
5. Certificate of Status Desired (No Fee Required) \$8.75 Additional Fee Required
6. Election Campaign Financing (No Fee) \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. (No)

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include titles, names, and addresses for PTD BAILEY, ROYCE G and SD BAILEY, TERESA F.

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 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, with all other like empowered.

SIGNATURE: _____

2/3/99

CR2E034 (1/98)