

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V38677 (3)

1. Corporation Name
TORSTVEIT RACING INC.

Principal Place of Business
P.O. BOX 140369
GAINESVILLE FL 32614

Mailing Address
P.O. BOX 140369
GAINESVILLE FL 32614-0369



| | | | | | | | |
|--|--|---|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business 21 5200 Newberry Road Suite, Apt. #, etc. SUITE B-6 City & State GAINESVILLE, FL Zip 32607 | | 2a. Mailing Address 26 5200 Newberry Road Suite, Apt. #, etc. SUITE B-6 City & State GAINESVILLE, FL Zip 32607 | | 3. Date Incorporated or Qualified 05/22/1992 | | 3a. Date of Last Report 05/01/1996 | |
| 22 32607 | | 27 SUITE B-6 | | 4. FEI Number 59-3124817 | | Applied For Not Applicable | |
| 23 GAINESVILLE, FL | | 28 GAINESVILLE, FL | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 24 32607 | | 29 32607 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 25 ALACHUA | | 30 ALACHUA | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent HAWLEY, FRANK COUNTY RD 225 GAINESVILLE RACEWAY GAINESVILLE FL 32609 | | | | 10. Name and Address of New Registered Agent 81 Name SHARON M. STEVENS 82 Street Address (P.O. Box Number is Not Acceptable) 5200 Newberry Rd, B-6 83 84 City GAINESVILLE FL 85 Zip Code 32607 | | | |
| 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: Sharon M. Stevens DATE: 4/24/97 | | | | | | | |

| | | | | | | | |
|----------------------------|----------------------------|--|--|---|---|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | HAWLEY, FRANK | | | 1.2 NAME | | | |
| STREET ADDRESS | 5330 NW 45TH LANE | | | 1.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | GAINESVILLE FL | | | 1.4 CITY - ST - ZIP | | | |
| TITLE | P | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | JEREMY R. TORSTVEIT | | | 2.2 NAME | | | |
| STREET ADDRESS | 1144 E McDOWELL RD STE 400 | | | 2.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | PHOENIX AZ | | | 2.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 3.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 5.4 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 6.4 CITY - ST - ZIP | | | |

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 included 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 in an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97 352-375-7480
602-251-3128

CR2E034 (9/96)