

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

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**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14841 (1)
1. Corporation Name
RACETRAC PETROLEUM, INC.



Principal Place of Business 300 TECHNOLOGY COURT SMYRNA GA 30082-5232	Mailing Address 300 TECHNOLOGY COURT SMYRNA GA 30082-5235
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3. Date Incorporated or Qualified 06/15/1987	3a. Date of Last Report 04/26/1996
4. FEI Number 63-0642959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite Apt # etc	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LENKER, MAX V.	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY - ST - ZIP	SMYRNA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOLCH, SUSAN BASS	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY - ST - ZIP	SMYRNA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUMBACHER, BOB	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY - ST - ZIP	SMYRNA GA	
TITLE	CED	<input type="checkbox"/> DELETE
NAME	BOLCH, CARL, JR.	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY - ST - ZIP	SMYRNA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARL BOLCH III	
1.3 STREET ADDRESS	300 TECHNOLOGY COURT	
1.4 CITY - ST - ZIP	SMYRNA GA 30082	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALLISON BOLCH MORAN	
2.3 STREET ADDRESS	300 TECHNOLOGY CT	
2.4 CITY - ST - ZIP	SMYRNA GA 30082	
3.1 TITLE	WAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HARRIET LANDALL	
3.3 STREET ADDRESS	300 TECHNOLOGY CT.	
3.4 CITY - ST - ZIP	SMYRNA GA 30082	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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.

SIGNATURE: *Bob Dumbacher* **REQUIRED** 4/25/97 770-431-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)