

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **754480** (2)  
1. Corporation Name  
**FLORIDA FOREST FESTIVAL, INC.**

95 MAR -7 PM 1:43

Principal Place of Business		Mailing Address	
428 N. JEFFERSON ST. PERRY FL 32347		428 N. JEFFERSON ST. PERRY FL 32347	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/03/1980	03/29/1994
4. FEI Number	Applied For
59-0772717	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PARKER, GREG  
411 N. WASHINGTON ST.  
PERRY FL 32347

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: *Sandra B. Northing* not needed  
(Signature of President or authorized officer of registered agent and also of registered agent) (NOTE: Registered Agent signature required when installing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	JOHNSON, DAVID
STREET ADDRESS	428 N JEFFERSON ST
CITY-ST-ZIP	PERRY FL
TITLE	TD
NAME	OLCOTT, RICK
STREET ADDRESS	428 N JEFFERSON ST
CITY-ST-ZIP	PERRY, FL 00000
TITLE	ST
NAME	DAY, EVELYN
STREET ADDRESS	428 N. JEFFERSON ST.
CITY-ST-ZIP	PERRY FL
TITLE	S
NAME	MOSLEY, TONYA
STREET ADDRESS	428 N JEFFERSON ST
CITY-ST-ZIP	PERRY FL
TITLE	MD
NAME	WILLIAMS, JOHN
STREET ADDRESS	428 N JEFFERSON ST
CITY-ST-ZIP	PERRY FL
TITLE	PC
NAME	SELLARS, MARY
STREET ADDRESS	428 N. JEFFERSON ST.
CITY-ST-ZIP	PERRY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S BISHOP, CONNIE
4.3 STREET ADDRESS	428 N. JEFFERSON ST
4.4 CITY-ST-ZIP	PERRY FL
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 is voluntarily furnished and claims not equally for the exemption stated in Section 110.07(1)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or organ attachment with an address.

SIGNATURE: *John H. Williams* Director/Managing Dir. 2/14/95 904-584-1614  
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR Date System Name #