

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$188 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

05 JUN 12 AM 9:16

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 761645 (1)**

1. Corporation Name  
**HIGHLANDS COUNTY FAIR ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**756 MAGNOLIA AV.  
601 NORTH MANHOE  
P.O. BOX 1981  
SEBRING FL 33870**

Mailing Address  
**601 NORTH MANHOE  
P.O. BOX 1981  
SEBRING FL 33870**

3. Date Incorporated or Qualified **01/28/1982** 3a. Date of Last Report **02/18/1994**  
4. FEI Number **59-2254081** Applied For  Not Applicable

2. Principal Place of Business  
21 **756 MAGNOLIA AV.**  
Suite, Apt. #, etc. \_\_\_\_\_  
22 City & State **SEBRING, FL.**  
23 Zip **33870** 25 County **HIGHLANDS**  
26 Mailing Address **P.O. BOX 1981**  
Suite, Apt. #, etc. \_\_\_\_\_  
27 City & State **SEBRING, FL.**  
28 Zip **33871** 30 County **HIGHLANDS**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under a 199 (1)? Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SWAINE, J MICHAEL  
245 SOUTH COMMERCE  
SEBRING FL 33870**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	SPARKS, PAUL
STREET ADDRESS	207 MINI RANCH RD.
CITY - ST - ZIP	SEBRING FL
TITLE	DS
NAME	GOSE, MARK
STREET ADDRESS	1005 SE LAKEVIEW DR.
CITY - ST - ZIP	SEBRING FL
TITLE	D
NAME	TRAVERS, DAVE
STREET ADDRESS	123 MINI-RANCH RD.
CITY - ST - ZIP	SEBRING FL
TITLE	D
NAME	GOSE, JAMES
STREET ADDRESS	301 MANGO ST.
CITY - ST - ZIP	SEBRING FL
TITLE	D
NAME	HAMLIN, DON
STREET ADDRESS	301 MANGO
CITY - ST - ZIP	SEBRING FL
TITLE	PD
NAME	TERRELL, BOB
STREET ADDRESS	1408 HOLMES AVENUE
CITY - ST - ZIP	SEBRING FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DS
23 STREET ADDRESS	STUART ADAMS
24 CITY - ST - ZIP	303 N. EGRET ST. SEBRING, FL. 33872
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PD
33 STREET ADDRESS	TRAVERS, DAVE
34 CITY - ST - ZIP	123 MINI-RANCH RD. SEBRING, FL. 33870
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D
63 STREET ADDRESS	TERRELL, BOB
64 CITY - ST - ZIP	1406 HOMES AV. SEBRING, FL. 33872

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVE TRAVERS - DAVE TRAVERS Date: 6-6-95 (Type Name & Date)  
Signature and typed or printed name of signing officer or director

CR2E037 (3/95)