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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 761645 (1)
 1. Corporation Name
HIGHLANDS COUNTY FAIR ASSOCIATION, INC.



Principal Place of Business 756 MAGNOLIA AVE P.O. BOX 1981 SEBRING FL 33870 US	Mailing Address P OBOX 1981 P.O. BOX 1981 SEBRING FL 33871 US
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3. Date Incorporated or Qualified 01/28/1982		
4. FEI Number 59-2254081	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent SWAINE, J MICHAEL 245 SOUTH COMMERCE SEBRING FL 33870	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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	FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> DELETE
NAME	SPARKS, PAUL
STREET ADDRESS	207 MINI RANCH RD.
CITY-ST-ZIP	SEBRING FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	ADAMS, STUART
STREET ADDRESS	303 N EGRET ST
CITY-ST-ZIP	SEBRING FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	TRAVERS, DAVE
STREET ADDRESS	123 MINI-RANCH RD
CITY-ST-ZIP	SEBRING FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GOSE, JAMES
STREET ADDRESS	301 MANGO ST.
CITY-ST-ZIP	SEBRING FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	KNOTT, MICHAEL
STREET ADDRESS	1717 HYACINTH
CITY-ST-ZIP	SEBRING FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TERRELL, BOB
STREET ADDRESS	1406 HOMES AVE
CITY-ST-ZIP	SEBRING FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT BAKER
2.3 STREET ADDRESS	835 SHAMROCK DR.
2.4 CITY-ST-ZIP	SEBRING, FL. 33872
3.1 TITLE	V/P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WALT MCHARGUE
4.3 STREET ADDRESS	2500 KING DR.
4.4 CITY-ST-ZIP	SEBRING, FL. 33870
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	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ARTIE MCINTYRE
6.3 STREET ADDRESS	2098 NAUSUA AVE.
6.4 CITY-ST-ZIP	AVON PARK, FL. 33825

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul Sparks* **PAUL SPARKS P/D 1/7/98**

CR2E037 (10/97)