

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 9:14

DOCUMENT # 769919 (2)

1. Corporation Name

FESTIVAL OF STATES, INC.

Principal Place of Business

Mailing Address

1 BEACH DRIVE S.E. SUITE 101
P.O. BOX 1731
ST. PETERSBURG FL 33701

1 BEACH DRIVE S.E. SUITE 101
P.O. BOX 1731
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/19/1983
3a. Date of Last Report 06/28/1994

4. FEI Number 59-2318048
Applied For
Not Applicable

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 ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 33 Sixth Street S
Suite, Apt. #, etc.

26 P.O. Box 1731
Suite, Apt. #, etc.

22 Suite 101

27

City & State

City & State

23 St. Petersburg FL

28 St. Petersburg FL

Zip

Country

Zip

Country

24 33701

25 Pinellas

29 33731-1731

30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ULRICH, RICHARD G
100 2ND AVE S
STE 606
ST. PETERSBURG FL 33701

81 Name Englander & Fischer, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)
5959 Central Avenue #201

83

84 City St. Petersburg

FL

85 Zip Code 33710

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

5/30/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME SMITH, LYNN C
STREET ADDRESS 915 SAN CARLOS AVE. N.E.
CITY - ST - ZIP ST. PETERSBURG FL

TITLE VD
NAME DODDRIDGE, JDON
STREET ADDRESS 445 31ST ST N
CITY - ST - ZIP ST. PETERSBURG FL

TITLE TD
NAME HOUGHTON, BETH A
STREET ADDRESS 801 6TH ST S
CITY - ST - ZIP ST PETERSBURG FL

TITLE VD
NAME BYELICK, ROBERT P.
STREET ADDRESS ONE FOURTH ST N #1000
CITY - ST - ZIP ST PETERSBURG FL

TITLE VD
NAME COUNTS, NORRIS
STREET ADDRESS 9400 - 9TH ST. NORTH
CITY - ST - ZIP ST. PETERSBURG FL

TITLE PD
NAME GRAHAM, PHILIP H JR
STREET ADDRESS 436 SECOND STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Doddridge, Don

5D
A. Hampton Hines III
1845 Bayou Grande Blvd NE
St. Petersburg FL 33703

D
David Feaster
100 Second Avenue S, #100
St. Petersburg FL 33701

PD
Richard G. Ulrich
100 2nd Av S Suite 606
St. Petersburg FL 33701

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD G. ULRICH

3/17/95 813 898 3654