# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # 769919** **(2)**

1. Corporation Name

**FESTIVAL OF STATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 33 SIXTH ST S<br>STE 101<br>ST. PETERSBURG FL 33701<br>US | P OBOX 1731<br>P.O. BOX 1731<br>ST PETERSBURG FL 33731-1731<br>US |

3. Date Incorporated or Qualified: **08/19/1983**
3a. Date of Last Report: **06/09/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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

**9. Name and Address of Current Registered Agent**

**ENGLANDER & FISCHER PA**
**5959 CENTRAL AVE**
**STE 606**
**ST. PETERSBURG FL 33710**

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VD | ☒ DELETE | 11 TITLE | VD | ☒ Change ☒ Addition |
| NAME | SMITH, LYNN C | | 12 NAME | Kim Horstman | |
| STREET ADDRESS | 915 SAN CARLOS AVE. N.E. | | 13 STREET ADDRESS | 150 Second Avenue North | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 14 CITY-ST-ZIP | St. Petersburg, FL 33701 | |
| TITLE | VD | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | DODDRIDGE, DON | | 22 NAME | | |
| STREET ADDRESS | 445 31ST ST N | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 24 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 31 TITLE | PD | ☒ Change ☐ Addition |
| NAME | HOUGHTON, BETH A | | 32 NAME | Houghton, Beth A. | |
| STREET ADDRESS | 801 6TH ST S | | 33 STREET ADDRESS | 801 6th Street South | |
| CITY-ST-ZIP | ST PETERSBURG FL | | 34 CITY-ST-ZIP | St. Petersburg, FL 33701 | |
| TITLE | SD | ☒ DELETE | 41 TITLE | VD | ☒ Change ☐ Addition |
| NAME | HINES, A HAMPTON III | | 42 NAME | Hines, A. Hampton III | |
| STREET ADDRESS | 1845 BAYOU GRANDE BLVD NE | | 43 STREET ADDRESS | 1845 Bayou Grande Blvd NE | |
| CITY-ST-ZIP | ST PETERSBURG FL | | 44 CITY-ST-ZIP | St. Petersburg, FL 33702 | |
| TITLE | D | ☒ DELETE | 51 TITLE | VD | ☒ Change ☒ Addition |
| NAME | FEASTER, DAVID | | 52 NAME | Reginald Ligon | |
| STREET ADDRESS | 100 21ND AVE S 100 | | 53 STREET ADDRESS | 5201 Central Avenue | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 54 CITY-ST-ZIP | St. Petersburg, FL 33710 | |
| TITLE | PD | ☒ DELETE | 61 TITLE | SD | ☒ Change ☒ Addition |
| NAME | ULRICH, RICHARD G | | 62 NAME | Billy L. Rowe | |
| STREET ADDRESS | 100 2ND AVE S STE 606 | | 63 STREET ADDRESS | 501 1st Avenue North | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 64 CITY-ST-ZIP | St. Petersburg, FL 33701 | |

CR2E037 (12/95)

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

**SIGNATURE:** Beth A. Houghton President 5/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #