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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 STE 101 ST. PETERSBURG FL 33701 US	P OBOX 1731 P.O. BOX 1731 ST PETERSBURG FL 33731-1731 US

3. Date Incorporated or Qualified: 08/19/1983
3a. Date of Last Report: 06/04/1996

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	1.1 TITLE		☐ Change ☐ Addition
NAME	KIM HORSTMAN		1.2 NAME		
STREET ADDRESS	150 SECOND AVE, N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	DODDRIDGE, DON		2.2 NAME	Newman, James G.	
STREET ADDRESS	445 31ST ST N		2.3 STREET ADDRESS	100 Second Avenue South #606	
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	PD	☐ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	HOUGHTON, BETH A.		3.2 NAME	Houghton, Beth A.	
STREET ADDRESS	801 6TH STREET, S.		3.3 STREET ADDRESS	801 6th Street South	
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HINES, A. HAMPTON I		4.2 NAME		
STREET ADDRESS	1845 BAYOU GRANDE BLVD, NE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REGINALD LIGON		5.2 NAME		
STREET ADDRESS	5201 CENTRAL AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	SD	☑ DELETE	6.1 TITLE	PD	☐ Change ☑ Addition
NAME	BILLY L. ROWE		6.2 NAME	Fischer, H. James	
STREET ADDRESS	501 1ST AVE., N		6.3 STREET ADDRESS	5959 Central Avenue #201	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP	St. Petersburg, FL 33701	

CR2E037 (9/96)

14. I do 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: SIGNATURE REQUIRED 5-6-97 813-821-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0051283