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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

104203 - 90105 - 11

DOCUMENT # **769919**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/19/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2318048 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KIM HORSTMAN 150 SECOND AVE, N. ST. PETERSBURG FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD MAHAFFEY, MARK T. 3700 POMPANO DROVE S.E. ST. PETERSBURG, FL 33705	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NEWMAN, JAMES G 100 SECOND AVE SOUTH #606 ST. PETERSBURG FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD ROMIG, LEE T. 634 SECOND AVENUE SOUTH ST. PETERSBURG, FL 33701	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOUGHTON, BETH A. 801 6TH STREET, S. ST PETERSBURG FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD MOMBERG, JOEL 777 FOURTH STREET SOUTH ST. PETERSBURG, FL 33701	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HINES, A. HAMPTON I 1845 BAYOU GRANDE BLVD, NE ST PETERSBURG FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PD HINES, A. HAMPTON III 1845 BAYOU GRANDE N.E. ST. PETERSBURG, FL 33703	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REGINALD LIGON 5201 CENTRAL AVE ST. PETERSBURG FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD: Byelick, Robert P. P.O. Box 1511 St. Petersburg, FL 33731	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FISCHER, H. JAMES 5959 CENTRAL AVE #210 ST. PETERSBURG FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VD FISCHER, H. JAMES 721 FIRST AVENUE NORTH ST. PETERSBURG, FL 33701	☑ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Robert P Byelick III TREASURER 1/7/99 898-3654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #