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**APPROVED
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95 MAR -3 AM 8:16

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H12213** (5)

1. Corporation Name
FLORIDA MUSIC FESTIVAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O PETER E. CREIGHTON 4020 PARK STREET NORTH, SUITE 300 ST. PETERSBURG FL 33709	C/O PETER E. CREIGHTON 4020 PARK STREET NORTH, SUITE 300 ST. PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/13/1984	3a. Date of Last Report 04/06/1994
4. FEI Number 59-2440525	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 7801 PARK BLVD	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
22	27
23 City & State PINELLAS PARK, FL	28 City & State
24 Zip 34665	25 Country USA
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**CREIGHTON, PETER E.
4020 PARK STREET NORTH, SUITE 300
ST. PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name HARDY H. HUNTLEY
82 Street Address (P.O. Box Number is Not Acceptable) 7801 PARK BLVD
83
84 City PINELLAS PARK
85 State FL
86 Zip Code 34665

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Hardy H. Huntley

2/23/95

Signature of current registered agent (and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUNTLEY, HARDY H.
STREET ADDRESS	7801 PARK BLVD
CITY - ST - ZIP	PINELLAS PARK FL
TITLE	SD
NAME	HUNTLEY, JANET
STREET ADDRESS	7801 PARK BLVD
CITY - ST - ZIP	PINELLAS PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included in 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

Hardy H. Huntley

JANET HUNTLEY

2/23/95

813 541 4085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED NUMBER