FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3-RODGERS PLACE

C-15 - S1 - ZIP

PENSACOLA FL 32506



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L51470

(7)

Mailing Address

3-RODGERS PLACE

PENSACOLA FL 32506-5375

H & R SPECIAL EVENTS INCORPORATED

3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1990 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2993030 21 26 Not Applicable Saite, Ant. # etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees 2.5 Country $Z \phi$ Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name REEVES, JAMES J. 730 BAYFRONT PARKWAY 4-B 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 City Zip Code 85 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 for 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 if am fair sar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styrick are type for printed name of regions or agent and the Lappic abor (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE ToTUE 1.1 TITLE Change ☐ Addition HILL, THOMAS, JR NAME 1.2 NAME **3 RODGERS PLACE** STESET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL CITY-ST ZIE 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TOTLE Addition NAME 2.2 NAME STREET ATHRESS 2.3 STREET ADDRESS COLY IST ZIE 2.4 CITY-ST-ZIP DELETE TITUE 3.1 DILE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP C(Fr - S1, 2)P DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ACOPTEDS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP O1Y-51-209 DELETE Change Addition THLE 5.1 TITLE NAM: **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY ST ZAP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS: 6 3 STREET ADDRESS

64 CITY-ST-ZIP

14. Too 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 suppliemental 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 if changed, or on an attachment with an address.

SIGNATURE:

FILED Feb 10 1997 8:00am Secretary of State

(96/6)

CR2E034

