FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:13

DOCUMENT # 716776 (0)

1. Corporation Name

JEFFERSON COUNTY WATERMELON FESTIVAL ASSOCIATION , INC.

Principal Place of Business	Mailing Address
ASSOCIATION INC 420 WEST WASHINGTON STREET MONTICELLO FL 32344	ASSOCIATION INC 420 WEST WASHINGTON STREET MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1969
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1808219 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

REICHMAN, MICHAEL A.
380 N. JEFFERSON
MONTICELLO FL 32344

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 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 _____ 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	P	11 TITLE	☐ Change ☐ Addition
NAME	DUKES, SHARON	12 NAME	
STREET ADDRESS	380 N JEFFERSON	13 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KREBS, BOBBIE	22 NAME	
STREET ADDRESS	RT. 2 BOX 123-1	23 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	WHITSON, RUBY	32 NAME	
STREET ADDRESS	420 W WASHINGTON ST	33 STREET ADDRESS	
CITY ST ZIP	MONTICELLO FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	EVELAND, JOY	42 NAME	
STREET ADDRESS	RT 4, BOX 4184	43 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DUINKERKEN, BEVERLY	52 NAME	
STREET ADDRESS	800 S. JEFFERSON ST.	53 STREET ADDRESS	
CITY ST ZIP	MONTICELLO FL 32344	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DUNN, EUGENIA	62 NAME	
STREET ADDRESS	1242 N. JEFFERSON	63 STREET ADDRESS	
CITY ST ZIP	MONTICELLO FL	64 CITY-ST-ZIP	

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: Eugenia Dunn 2/3/95 904/997-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eugenia Dunn