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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 717899

1. Corporation Name

FLORIDA ATTRACTIONS ASSOCIATION, INC.

DEPARTMENT OF STATE

Principal Place of Business	Mailing Address
200 W. COLLEGE AVE TALLAHASSEE FL 32301 US	P. O. BOX 10295 P.O. BOX 10295 TALLAHASSEE FL 32302-2295 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/15/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1724091 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROSS, DONNA H.
200 W. COLLEGE AVE.
TALLAHASSEE FL 32301

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 Donna H. Ross Donna H. Ross Executive Vice President 1/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STORK, THOM		1.2 NAME		
STREET ADDRESS	3000 E BUSCH BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	ATHERHOLT, WAYNE		2.2 NAME		
STREET ADDRESS	1000 THIRD STREET S		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	President	☒ Change ☐ Addition
NAME	PUCKETT, BILL		3.2 NAME		
STREET ADDRESS	999 ANASTASIA BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	USINA, FRANK		4.2 NAME		
STREET ADDRESS	4125 COASTAL HWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	Chairman of the Board	☒ Change ☐ Addition
NAME	LUPFER, BILL		5.2 NAME		
STREET ADDRESS	6225 VECTORSPACE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	President Elect	☒ Change ☐ Addition
NAME	CREEDON, SHARON		6.2 NAME		
STREET ADDRESS	2641 S LAKE SUMMIT DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		6.4 CITY-ST-ZIP		

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: William Stirling Buckett SIGN HERE PRESIDENT 1-10-99 904.824.3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM S. BUCKETT