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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 735228 1. Corporation Name

FLORIDA STATE FAIR HORSE SHOW ASSOCIATION, INC.

FILED Apr 06, 1999 8:00 am § Secretary of State

04-06-1999 90087 041 ****61.25

Principal Place of Business Mailing Address											
480	O U.S. HIGH	TWAY 301 N.		4800 U.S. HIGHWAY 301 N.				1 IARIIK IEROO IIIO 8 KIR IKU IK a	 		
	. BOX 1176			P.O. BOX 11766							
TAN	IPA FL 336	80	IAMPA FL 3368U	TAMPA FL 33680				+10+11 (4084 1) \$(\$(+)\$ 1(4)\$	1 1 0 14 0 1011 01011	0191: 0:0:1 0:0	I
·]				
٠,	D-::I DI	and of Dissipance	2a. Mailing Addre					3. Date Incorporated or Qualifed			
2. Principal Place of Business			├ ─┐	├─ ┐				03/11/1976			İ
21				Suite, Apt. #, etc.				4. FEI Number		Apr	olied For
Suite, Apt. #, etc.			27	¬ ' '				59-1652704		_ 	Applicable
L				- City & State			-			\$8.75 A	
23	5.1., 4. 5.1.1.5			1			ļ	5. Certifcate of Status Desired		Fee Re	quired
				Zip Country				6. Election Campaign Financing		\$5.00	May Be
24	- .b	25 29 30			Trust Fund Contribution				Added to Fees		
24		9. Name and Address of Current		1551	T	-		10. Name and Address of New F	egistered A	gent	
┢		- Hamo and Hamilton			81 Name						
١.	AOTT O	IKI			-	- C+		o (D.O. Boy Number in Alex Access	phlo)		
	MOTT, OL	in Illsborough avenue			82	Street	Addres	s (P.O. Box Number is Not Accepta	inia)		1
1		****			83						
	rampa fl	the second secon								· · · · ·	
1		4. 94 pt 19			84	City			FL	85 Zip C	Code
44	B	to the provisions of Sections 617.0502	and 617 1509 Flori	da Statutes the	above	-namer	1 comor	ation submits this statement for the	numose of c	hanging its	registered
'' '	office or r	egistered agent, or both, in the State (of Florida, Such chan	de was authoriz	ed by	the con	poration	's board of directors. I hereby accep	t the appoint	ment as reg	gistered
1	agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0	0503, Florida St	tatutes						[
SIG	NATURE			(NOTE: Registe			and the second of	han reinstation)	DATE		[
12.		Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: Registe		ii signaturo	required w	ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12
TITLE		PD OFFICERS AN			TITLE		1			Change	Addition
1	TILLYED ATELLA E			_		1.2 NAME					1
	TAN PLANT					1,3 STREET ADDRESS		•			
1	ET ADDRESS						'		•		1
	- ST- ZIP	TAMPA, FL 00000	ית רו		CITY-S	1.24	+			Change	Addition
mu		,_			NAME		ŀ				- 1
NAM	-	MOTT, OLIN									
STRE	EET ADDRESS	3741 E. HILLSBOROUGH AVE				ADDRESS	'				
_	-ST-ZIP	TAMPA FL			4 CITY-S	T-ZIP	 		 	Change	Addition
- mu	E į	S			TITLE					C) criange	
NAM	Ε	MARGARET MELOY			NAME		1				1
STREET ADDRESS P.O. BOX 37				3.3 STREET ADDRESS			3				
CITY	-ST-ZIP	LUTZ FL			LCITY-S	IT-ZIP	ļ			Change	Addition
TITL	E	VD	ЦD		TITLE					Change	□ wagingii
NAM	E	SNOW, MARTIN E		4.	2 NAME						
STREET ADDRESS 6830 CREWS LK RD				4.3	4.3 STREET ADDRESS		3				
СПУ	CITY-ST-ZIP LAKELAND, FL 00000			4.4 CITY-ST-ZIP		 				F 4.000	
πırı	£	VD □ DELETE 5.41		TITLE					Change	☐ Addition	
NAM	E	MISCHE, GENE			2 NAME						1
STRI	EET ADDRESS	9210 KING PALM DR #112				FADORESS	\$				
СПҮ	-ST-ZIP	TAMPA FL			CITY-S	T-ZIP	1				
ΠIL	E	D	□D	ELETE 6.º	TITLE		1			Change	Addition
NAM	E '	THOMAS, ROBERT		6.3	2 NAME						
STR	EET ADDRESS	40 RANCH RD.		6.3	STREE	TADORESS	s				
СПУ	-ST-ZIP .	THONOTOSASSA FL		6.4	CITY-S	T-ZIP		<u> </u>			

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.

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