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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 5:06

DOCUMENT # **741356** **(0)**

1. Corporation Name

FLORIDA CITRUS SHOWCASE AND POLK COUNTY FAIR, INC.

Principal Place of Business	Mailing Address
70 FLORIDA CITRUS BLVD. WINTER HAVEN FL 33880 US	70 FLORIDA CITRUS BLVD. WINTER HAVEN FL 33880 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1978
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-0247578 ☐ Applied For ☐ Not Applicable
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

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)

9. Name and Address of Current Registered Agent

JOINER, JAMES T
190 AVE A NW
WINTER HAVEN FL

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	VD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HEMENWAY RICK	12 NAME	Hemenway, Rick	
STREET ADDRESS	595 CYPRESS GDN BLVD SE	13 STREET ADDRESS	210 Security Square	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	RAD	21 TITLE		☐ Change ☐ Addition
NAME	JOINER, JAMES T.	22 NAME		
STREET ADDRESS	190 AVE. A. N.W.	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	KING, MURRAY	32 NAME	Delete Murray King	
STREET ADDRESS	500 THIRD ST NW	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP		
TITLE	P	41 TITLE	VPD	☐ Change ☒ Addition
NAME	DANTZLER, R. TODD	42 NAME	Burke, Joseph	
STREET ADDRESS	P.O. BOX 192, NA	43 STREET ADDRESS	500 Avenue R, S.W.	
CITY-ST-ZIP	WINTER HAVEN FL	44 CITY-ST-ZIP	Winter Haven, FL 33883	
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	SPEAKER, BERNIE	52 NAME		
STREET ADDRESS	250 MAGNOLIA AVE SW	53 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	54 CITY-ST-ZIP		
TITLE	EVP	61 TITLE		☐ Change ☐ Addition
NAME	STEWART, JEANNIE J	62 NAME		
STREET ADDRESS	70 FLORIDA CITRUS BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN 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)(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.

SIGNATURE: _____ Richard A. Hemenway 5/23/95 813-967-3125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068550