

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 741356 (0)

1. Corporation Name

FLORIDA CITRUS SHOWCASE AND POLK COUNTY FAIR, IN
C.



Principal Place of Business

Mailing Address

70 FLORIDA CITRUS BLVD.
WINTER HAVEN FL 33880
US

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WINTER HAVEN FL 33880
US

3. Date Incorporated or Qualified
01/13/1978

3a. Date of Last Report
06/01/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOINER, JAMES T
190 AVE A NW
WINTER HAVEN FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HEMENWAY RICK
STREET ADDRESS 210 SECURITY SQUARE
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE RAD
NAME JOINER, JAMES T.
STREET ADDRESS 190 AVE. A. N.W.
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE VPD
NAME BURKE, JOSEPH
STREET ADDRESS 500 AVE R SW
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE TD
NAME SPEAKER, BERNIE
STREET ADDRESS 250 MAGNOLIA AVE SW
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE EVP
NAME STEWART, JEANNIE J
STREET ADDRESS 70 FLORIDA CITRUS BLVD.
CITY-ST-ZIP WINTER HAVEN FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

70000178031
-04/15/96--01062--001
***70.00

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Jeannie J. Snively, EVP
70 Florida Citrus Blvd
Winter Haven, FL 33880

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Jeannie J. Snively
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96
Date

967-3175
Daytime Phone