

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

**70 FLORIDA CITRUS BLVD.  
WINTER HAVEN FL 33880  
US**

3. Date Incorporated or Qualified

**01/13/1978**

4. FEI Number

**59-0247578**

Applied For

Not Applicable

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**

**25**

**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 **James T. Joiner**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>RAD</b>	<input type="checkbox"/> DELETE
NAME	<b>JOINER, JAMES T.</b>	
STREET ADDRESS	<b>190 AVE. A. N.W.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURKE, JOSEPH</b>	
STREET ADDRESS	<b>500 AVE R SW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPEAKER, BERNIE</b>	
STREET ADDRESS	<b>250 MAGNOLIA AVE SW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SNIVELY, JEANNIE J</b>	
STREET ADDRESS	<b>70 FLORIDA CITRUS BLVD.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>ED</b>
1.2 NAME	<b>Richard A. Hemenway</b>
1.3 STREET ADDRESS	<b>70 Florida Citrus Blvd</b>
1.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>

2.1 TITLE	<b>PD</b>
2.2 NAME	<b>W. Lindsey Raley</b>
2.3 STREET ADDRESS	<b>505 AVE A NW</b>
2.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>

3.1 TITLE	<b>TD</b>
3.2 NAME	<b>Ben R. Adams, Jr</b>
3.3 STREET ADDRESS	<b>202 Security Sq.</b>
3.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>

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

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

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

☒ Change ☒ Addition

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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.

SIGNATURE:

**Richard A. Hemenway**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **941-967-3125**

CR2E037 (10/97)