FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

04-30-1999 90174 013 ***61.25
FILED 741356
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 17 AM 9:34

DOCUMENT # **741356**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 211 Ave G, SW	26 P.O. Box 30	01/13/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0247578 ☐ Applied For ☐ Not Applicable
City & State 23 Winter Haven, FL	City & State 28 Winter Haven, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33880 25	Zip / Country 29 33882-0030 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 _____ 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	ED	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	HEMENWAY, RICHARD A		1.2 NAME		
STREET ADDRESS	~~70 FLORIDA CITRUS BLVD~~		1.3 STREET ADDRESS	211 AVE G SW	
CITY-ST-ZIP	WINTER HAVEN FL 3388		1.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	PD	☒ DELETE	2.1 TITLE	~~President~~ PD	☑ Change ☐ Addition
NAME	RALEY, W LINDSEY		2.2 NAME	James Joiner	
STREET ADDRESS	505 AVE A NW		2.3 STREET ADDRESS	190 Ave A NW	
CITY-ST-ZIP	WINTER HAVEN FL 3388		2.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, JR B		3.2 NAME		
STREET ADDRESS	202 SECURITY SQ		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 3388		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

11/17

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: [illegible] REQUIRED Director 4-27-99 941-292-5110
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)