

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90134 011 \*\*\*\*61.25

**DOCUMENT # 742148**

1. Entity Name

JACKSON COUNTY AGRICULTURAL EXPOSITION, INC.



Principal Place of Business

3627 HWY 90  
MARIANNA FL 32448  
US

Mailing Address

PO BOX 330  
MARIANNA FL 32447-0330  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1104467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PADGETT, JOHN  
1885 SPRING LAKE TRAIL  
MARIANNA FL 32448

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> Delete
NAME	SPIVEY, LARRY	
STREET ADDRESS	1095 SPIVEY RD.	
CITY-ST-ZIP	GRAND RIDGE FL 32442	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILTON, PETE	
STREET ADDRESS	1875 SPRING LAKE TRAIL	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	P	<input type="checkbox"/> Delete
NAME	PADGETT, JOHN	
STREET ADDRESS	1885 SPRING LAKE TRAIL	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BISHOP, W. ISAAC	
STREET ADDRESS	3188 TOWNHOUSE DRIVE	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GRAINGER, TOMMY	
STREET ADDRESS	3264 N HWY 73	
CITY-ST-ZIP	MARIANNA FL 32446-2475	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JALLEMA, PHIL	
STREET ADDRESS	4466 COOK RD.	
CITY-ST-ZIP	MARIANNA FL 32448	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM SANSON	
STREET ADDRESS	3284 CAVERNS ROAD	
CITY-ST-ZIP	MARIANNA, FL 32446-1887	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAN WISNIOSKI	
STREET ADDRESS	2826 DILMORE RD.	
CITY-ST-ZIP	COTTONDALE, FL 32431	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850

482-2190