FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 8:59

DOCUMENT # 817513 (5)

1. Corporation Name

THE EXPOSITION COMPANY

Principal Place of Business	Mailing Address
99 SIXTH STREET SW WINTER HAVEN FL 33880 US	99 SIXTH STREET.SW WINTER HAVEN FL 33880 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1963	3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-0238090	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHILTON, CHARLES R. 99 6TH ST SW BARTOW, FL WINTER HAVEN FL 33880	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	CD	11 TITLE	Retired	☒ Change ☐ Addition
NAME	COCKE,FRANCES F	12 NAME		
STREET ADDRESS	520 E PACES FERRY RD NE	13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 02	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	CPD	☒ Change ☐ Addition
NAME	BLACK, JANE C.	22 NAME	Black, Jane C.	
STREET ADDRESS	520 E PACES FERRY RD NE	23 STREET ADDRESS	520 E Paces Ferry Rd NE	
CITY-ST-ZIP	ATLANTA GA 02	24 CITY-ST-ZIP	Atlanta, GA 30305	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	BLACK, DAMERON III	32 NAME		
STREET ADDRESS	520 E PACES FERRY ROAD NE	33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 02	34 CITY-ST-ZIP		
TITLE	SAT	41 TITLE		☐ Change ☐ Addition
NAME	HOLMES, SHARYN C	42 NAME		
STREET ADDRESS	520 E PACES FERRY ROAD NE	43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 02	44 CITY-ST-ZIP		
TITLE		51 TITLE	VP	☐ Change ☒ Addition
NAME		52 NAME	Black, Dameron IV	
STREET ADDRESS		53 STREET ADDRESS	520 E Paces Ferry Rd NE	
CITY-ST-ZIP		54 CITY-ST-ZIP	Atlanta GA 30305	
TITLE		61 TITLE	VP	☐ Change ☒ Addition
NAME		62 NAME	Black, Emory C.	
STREET ADDRESS		63 STREET ADDRESS	520 E Paces Ferry Rd NE	
CITY-ST-ZIP		64 CITY-ST-ZIP	Atlanta GA 30305	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane C Black 2-16-95 (404) 233-6404
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0314448 CP