

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 817513 (5)

1. Corporation Name

THE EXPOSITION COMPANY



Principal Place of Business

99 SIXTH STREET SW
WINTER HAVEN FL 33880
US

Mailing Address

99 SIXTH STREET SW
WINTER HAVEN FL 33880
US

3. Date Incorporated or Qualified
12/03/1963

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

CHILTON, CHARLES R.
99 6TH ST SW
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD
NAME BLACK, JANE C.
STREET ADDRESS 520 E PACES FERRY RD NE
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE TD
NAME BLACK, DAMERON III
STREET ADDRESS 520 E PACES FERRY ROAD NE
CITY-ST-ZIP ATLANTA GA 02 ☐ DELETE

TITLE SAT
NAME HOLMES, SHARYN C
STREET ADDRESS 520 E PACES FERRY ROAD NE
CITY-ST-ZIP ATLANTA GA 02 ☐ DELETE

TITLE VP
NAME BLACK, DAMERON IV
STREET ADDRESS 520 E PACES FERRY RD NE
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE VP
NAME BLACK, EMORY C
STREET ADDRESS 520 E PACES FERRY RD NE
CITY-ST-ZIP ATLANTA GA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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 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

Jane C. Black

4/26/96 (404) 2336404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)