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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33880-7900  
US



3. Date Incorporated or Qualified 12/03/1963  
3a. Date of Last Report 05/01/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CHILTON, CHARLES R.  
99 6TH ST SW  
BARTOW, FL  
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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP ☐ Change ☐ Addition

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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/97 4042336404  
Date Daytime Phone

CR2E034 (9/96)