

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/03/1963	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 58-0238090	Applied For Not Applicable
25. Suite, Apt. #, etc.		26. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27. Zip		28. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29. Zip		30. Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. City				84. 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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLACK, JANE C.		1.2 NAME				
STREET ADDRESS	520 E PACES FERRY RD NE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLACK, DAMERON III		2.2 NAME				
STREET ADDRESS	520 E PACES FERRY ROAD NE		2.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 02		2.4 CITY-ST-ZIP				
TITLE	SAT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOLMES, SHARYN C		3.2 NAME				
STREET ADDRESS	520 E PACES FERRY ROAD NE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 02		3.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLACK, DAMERON IV		4.2 NAME				
STREET ADDRESS	520 E PACES FERRY RD NE		4.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLACK, EMORY C		5.2 NAME				
STREET ADDRESS	520 E PACES FERRY RD NE		5.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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

SIGNATURE: SHARYN C HOLMES SHARYN C. HOLMES

3-10-98

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