

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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90027 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 817513

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

3. Date Incorporated or Qualified

12/03/1963

4. FEI Number

58-0238090

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign-Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ 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

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
VP  
BLACK, JAMES F.  
STREET ADDRESS  
520 E PACES FERRY RD NE  
CITY-ST-ZIP  
ATLANTA GA

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)