

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Jan 22, 1999 8:00am**  
**Secretary of State**

01-22-1999 90016 034 \*\*\*150.00

**DOCUMENT # J94020**

1. Corporation Name  
**FESTIVITIES PUBLICATION, INC.**

Principal Place of Business  
1205 W. FORSYTH ST.  
JACKSONVILLE FL 32204

Mailing Address  
815 HAINES ST  
JACKSONVILLE FL 32206  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1987

4. FEI Number

59-2851071

☒ 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAULK, DAVID L.  
3287 US HWY 17 SOUTH  
ORANGE PARK, 32073

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
D PAULK, DAVID L.  
STREET ADDRESS  
3287 US HWY 17 SOUTH  
CITY-ST-ZIP  
ORANGE PARK FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
D PAULK, DEBRA B.  
STREET ADDRESS  
3287 US HWY 17 SOUTH  
CITY-ST-ZIP  
ORANGE PARK FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: *David L. Paulk* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/99 904-634-1902  
Date Daytime Phone #

CR2E034 (11/98)