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

DOCUMENT # J94020

1. Corporation Name						
FESTIVITIES PUBLICATION, INC.					AJDIE BEDEL DIKKI DIDIE DEDIK IDDI	
• '						
Principal Place of Business Mailing Address					-	BIBIL BIBIL BIBIL BIBIL BIBIL IOOL
1205 W. FORSYTH ST. JACKSONVILLE FL 32204 B15 HAINES ST JACKSONVILLE FL 32206						
US					DO NOT WRITE IN TH	S SPACE
					3. Date Incorporated or Qualifed	
		1 - 11 - 11			09/24/1987 4. FEI Number	Applied For
	ace of Business	2a. Mailing Address			59-2851071	Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23	¬ ´ — — — — — — — — — — — — — — — — — —				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I	
24	25 29 30				Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent 81				Name	10. Name and Address of New Registere	a Agent
PAULK, DAVID L.			ا،			
3287 US HWY 17 SOUTH			82	Street Addre	ss (P.O. Box Number is Not Acceptable)	•
ORANGE PARK, 32073			83		a a a a a a a a a a a a a a a a a a a 	
				. <u>.</u>		10-1 70-0-4
			84	**	F	
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						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.						
. ' -	m tanina wan and docope and obliga					
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: Re	gistered Ager	nt signature required		
12.		D DIRECTORS	13.	- 	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE	D .	☐ DELETE	1,1 TITLE			
NAME	PAULK, DAVID L.		1.2 NAME			
STREET ADDRESS	3287 US HWY 17 SOUTH			TADDRESS		
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-21		Change Addition
NAME			2.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			2, 4 CITY-5	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADORESS		大大大 美克 拉
CITY-ST-ZIP			3.4. C/TY-5	ST-ZIP		y - 1
TITLE		☐ DELETE	4,1 TITLE			Change [] Addition
NAME			4. 2 NAME			
STREET ADDRESS	v.	•		TADDRESS		,
CITY-ST-ZIP		□ DELETE	4.4 CITY-S 5.1 TITLE	ST-ZiP	•	Change Addition
TITLE			5.3 TITLE 5.2 NAME			
NAME				T ADDRESS		
STREET ADDRESS	1 ,		5.4 CITY-S			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		() () () () () () () () () ()	Change Addition
NAME			6.2 NAME			}

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OFFICER OR DIRECTOR

1/1 /09 /04/634-1902 Daytime Phone #

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90016 034 ***150.00

KZEU34 (11/98)