FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -7 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06888 (4)

1. Corporation Name

FLORIDA AGRICULTURAL MUSEUM, INC.

Principal Place of Business	Mailing Address
3125 CONNER BLVD. TALLAHASSEE FL 32399-1650	3125 CONNER BLVD. TALLAHASSEE FL 32399-1650

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1984
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-2659573 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCORD, FRED L.
50 BELLAC RD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: John Milstead
82 Street Address (P.O. Box Number is Not Acceptable): Florida Agricultural Museum
83: 3125 Conner Blvd.
84 City: Tallahassee FL 85 Zip Code: 32399-1650

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: John Milstead — DATE
Signature required when printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T ☒ Change ☐ Addition
NAME	LESLEY, JOHN T.	1.2 NAME	John Milstead
STREET ADDRESS	2910 HAWTHORNE ROAD	1.3 STREET ADDRESS	214 South Bronough Street
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tallahassee, Fl. 32301
TITLE	D	2.1 TITLE	S ☒ Change ☐ Addition
NAME	BOARDMAN, WILLIAM	2.2 NAME	Bert Roper
STREET ADDRESS	PO BOX 7854	2.3 STREET ADDRESS	P.O. Box 770218 N/A
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Winter Garden, Fl. 34777
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	COLLINS, JERRY	3.2 NAME	Copelund Newbern
STREET ADDRESS	5400 BRADENTON RD.	3.3 STREET ADDRESS	912 South Himes Avenue
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Tampa, Fl. 33629
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, WILLIAM G.	4.2 NAME	
STREET ADDRESS	3702 LAKE TRAFFORD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	C ☒ Change ☐ Addition
NAME	CHAPPELL, JEANNE	5.2 NAME	Jeanne Chappell
STREET ADDRESS	4069 CORRIENTES CT SOUTH	5.3 STREET ADDRESS	4068 Corrientes Court South
CITY-ST-ZIP	JACKSONVILLE, FA 32217	5.4 CITY-ST-ZIP	Jacksonville, Fl. 32217
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	Deposit by bank
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Milstead — 904/224-2265
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0002410