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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N06888

1. Corporation Name
FLORIDA AGRICULTURAL MUSEUM, INC.

Principal Place of Business	Mailing Address
1850 PRINCESS PLACE ROAD PALM COAST FL 32135 US	1850 PRINCESS PLACE ROAD PALM COAST FL 32135 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/31/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2659573 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 32137 Country 25	Zip 29 32137 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PIATEK, BRUCE
1850 PRINCESS PLACE ROAD
PALM COAST FL 32135

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 32137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] 3/25/99
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	TC	☑ DELETE	1.1 TITLE	TC	☑ Change ☐ Addition
NAME	MAGUIRE, BRUCE		1.2 NAME	LAURIAULT, ROBERT	
STREET ADDRESS	499 INTERNATIONAL PKWY		1.3 STREET ADDRESS	128 MASON ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085		1.4 CITY-ST-ZIP	MELROSE FL 326666	
TITLE	TVC	☑ DELETE	2.1 TITLE	TVC	☑ Change ☐ Addition
NAME	ADAMS, WILLIAM		2.2 NAME	LARSOM, LOUIS	
STREET ADDRESS	P.O. BOX 1002 (N/A)		2.3 STREET ADDRESS	P.O. BOX 1242	
CITY-ST-ZIP	ST. AUGUSTINE FL 32085		2.4 CITY-ST-ZIP	OKEECHOBEE, FL 34973-1242	
TITLE	TS	☑ DELETE	3.1 TITLE	TS	☑ Change ☐ Addition
NAME	LAURIAULT, ROBERT		3.2 NAME	BENNETT, MARY	
STREET ADDRESS	RT 3, BOX 1250		3.3 STREET ADDRESS	945 MARIE CIRCLE	
CITY-ST-ZIP	MELROSE FL 32666		3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REVELS, BARBARA		4.2 NAME		
STREET ADDRESS	P.O. BOX 434 (N/A)		4.3 STREET ADDRESS		
CITY-ST-ZIP	FLGLER BEACH FL 32136		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ 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 617, 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 REQUIRED [signature] 904 446-7630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COPY (11/98)