

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14106 (1)
1. Corporation Name
FLORIDA FEDERATION OF FAIRS AND LIVESTOCK SHOWS

Principal Place of Business Mailing Address
P.O. BOX 1244 P.O. BOX 1244
BRANDON FL 33609-1244 BRANDON FL 33609-1244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/31/1986 3a. Date of Last Report 05/01/1994
4. FEI Number 59-2627216 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, MOZELLE
619 VALLEY HILL DR
BRANDON FL 33610

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: Agent is printed name of registered agent and does not qualify.

Signature: Registered Agent is printed name of registered agent and does not qualify.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRES. ☐ Change ☐ Addition
NAME	DITTMAN, BETTY H.	1.2 NAME	PATSY BROOKS
STREET ADDRESS	2101 COUNTY RD 452	1.3 STREET ADDRESS	2202 W. REYNOLDS
CITY, ST, ZIP	EUSTIS FL	1.4 CITY, ST, ZIP	PLANT CITY, FL ☐ Change ☐ Addition
TITLE	VP	2.1 TITLE	VP ☐ Change ☐ Addition
NAME	BECKEY, RON	2.2 NAME	JACK GRIFFITH
STREET ADDRESS	441 PAUL RUSSELL RD	2.3 STREET ADDRESS	9490 117 THE TERRACE
CITY, ST, ZIP	TALLAHASSEE FL	2.4 CITY, ST, ZIP	MIAMI, FL ☐ Change ☐ Addition
TITLE	VP	3.1 TITLE	D ☐ Change ☐ Addition
NAME	BROOKS, PASTY	3.2 NAME	C.H. RIGDON, JR.
STREET ADDRESS	2202 W. REYNOLDS	3.3 STREET ADDRESS	1958 LEWIS TURNER BLVD.
CITY, ST, ZIP	PLANT CITY FL	3.4 CITY, ST, ZIP	FORT WALTON BEACH, FL ☐ Change ☐ Addition
TITLE	ST	4.1 TITLE	VP ☐ Change ☐ Addition
NAME	GRIFFITH, JACK	4.2 NAME	MARTHA LEVEROCK
STREET ADDRESS	9490 S.W. 117TH TERRACE	4.3 STREET ADDRESS	501 FLA. AVE. - JACKSONVILLE, FL
CITY, ST, ZIP	MIAMI FL	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	ST ☐ Change ☐ Addition
NAME	RIGDON, JR. C	5.2 NAME	RICK VYMLATIL
STREET ADDRESS	1958 LEWIS TURNER BLVD.	5.3 STREET ADDRESS	9067 SOUTHERN BLVD.
CITY, ST, ZIP	FT. WALTON BEACH FL	5.4 CITY, ST, ZIP	WEST PALM BEACH, FL ☐ Change ☐ Addition
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	LEVEROCK, MARTHA	6.2 NAME	DAVID VIERS
STREET ADDRESS	501 FLORIDA AVE.	6.3 STREET ADDRESS	3150 E. NEW YORK AVE.
CITY, ST, ZIP	JACKSONVILLE FL	6.4 CITY, ST, ZIP	DELAND, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 110.02(3)(b), 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR