

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90139 001 ****61.25

DOCUMENT # **N14106**

1. Corporation Name

FLORIDA FEDERATION OF FAIRS AND LIVESTOCK SHOWS

Principal Place of Business

P.O. BOX 1244
BRANDON FL 33609-1244

Mailing Address

P.O. BOX 1244
BRANDON FL 33609-1244



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/31/1986

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

9. Name and Address of Current Registered Agent

WILLIAMS, MOZELLE
619 VALLEY HILL DR
BRANDON FL 33610

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE 2-VP ☐ DELETE
NAME VIERS, DAVID
STREET ADDRESS 3150 E NEW YORK AVE
CITY-ST-ZIP DELAND FL 32724

TITLE 1-VP ☐ DELETE
NAME VYMLATIL, RICK
STREET ADDRESS 4800 HWY. 301 N.
CITY-ST-ZIP TAMPA FL 33610

TITLE P.D. ☐ DELETE
NAME LEVEROCK, MARTHA
STREET ADDRESS 501 FAIRGROUNDS RD.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE STD ☐ DELETE
NAME RIGDON, C. H. JR.
STREET ADDRESS 1958 LEWIS TURNER BLVD.
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE D ☐ DELETE
NAME CARR, HORACE
STREET ADDRESS 119 MAC ARTHUR
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☐ DELETE
NAME KEATON, JEANNE
STREET ADDRESS 4116 ST. LUCIE BLVD.
CITY-ST-ZIP FORT PIERCE FL 34946

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1 VP ☐ Change ☐ Addition
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS ← SAME
1.4 CITY-ST-ZIP

2.1 TITLE Pres. ☐ Change ☐ Addition
2.2 NAME ← SAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME ← SAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE 2 VP ☐ Change ☐ Addition
4.2 NAME ← SAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ← SAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ← SAME
6.3 STREET ADDRESS
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:

Richard J. Vymlatil, President 4/24/99 813-627-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)