

FILE NOW: FILING FEE IS \$61.25

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

03-05-1999 90062 010 ****61.25

0070346

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N38907

1. Corporation Name

BIGSUN ARTSFEST, INC.

173923 - 90062 - fo

Principal Place of Business

2100 S.E. 17TH ST.
#300
OCALA FL 34471
US

Mailing Address

2100 S.E. 17TH ST.
#300
OCALA FL 34471
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/29/1990

4. FEI Number

59-3023087

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

LAMBERT, BEVERLY A
2100 SE 17TH ST #300
OCALA FL 34471

NB SAME
PERSON IS AGENT
NAME CHANGE ONLY

10. Name and Address of New Registered Agent

81 Name MORRIS, BEVERLY A

82 Street Address (P.O. Box Number is Not Acceptable)

2100 SE 17TH ST #300

83

84 City OCALA

FL 85 Zip Code 34471

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 DP
NAME ZUKOSKI, JOSEPH J JR.
STREET ADDRESS 1500 S.E. 17TH ST. BLDG 400
CITY-ST-ZIP OCALA FL 34471

TITLE DVST
NAME LAMBERT, BEVERLY A
STREET ADDRESS 2100 S.E. 17TH ST. BLDG 300
CITY-ST-ZIP OCALA FL 34471

TITLE D
NAME CHRISTOFF, STEVEN M
STREET ADDRESS 1016 S.E. 3RD AVENUE
CITY-ST-ZIP OCALA FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

2/18/99

352-629-4666

Date

Daytime Phone #

CR2E037 (1/98)