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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000003659 (0)

1. Corporation Name

FLORIDA AGRICULTURE CONFERENCE AND TRADE SHOW, I
NC.



Principal Place of Business

Mailing Address

1025 S. SEMORAN BLVD.
SUITE 1093
WINTER PARK FL 32792

1025 S. SEMORAN BLVD.
SUITE 1093
WINTER PARK FL 32792-5511

3. Date Incorporated or Qualified
08/13/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3203911

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, REGINALD L
4401 E. COLONIAL DRIVE
ORLANDO FL 32814

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JACKSON, LARRY K
STREET ADDRESS 700 EXPERIMENT STATION RD
CITY-ST-ZIP LAKE ALFRED FL 33850

1.1 TITLE VD
1.2 NAME Dan Cantliffe
1.3 STREET ADDRESS P.O. Box 110690 N/A
1.4 CITY-ST-ZIP Gainesville FL 32611-0690

TITLE VD
NAME MANN, GEORGE
STREET ADDRESS 87515 LAYTON RD
CITY-ST-ZIP DADE CITY FL

2.1 TITLE VD
2.2 NAME Sonia Tighe
2.3 STREET ADDRESS 7402 N 56th St. #560
2.4 CITY-ST-ZIP Tampa FL 33617

TITLE SD
NAME THOMPSON, HAROLD E
STREET ADDRESS 4501 DETOUR RD
CITY-ST-ZIP LAKE HAMILTON FL 33851

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

TITLE TD
NAME BROWN, REGINALD L
STREET ADDRESS 4401 E COLONIAL DR
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE VD
NAME NANCE, JERRY
STREET ADDRESS 1 LAKE LINK DR SE
CITY-ST-ZIP WINTER HAVEN FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

Reginald L. Brown

4/14/97 407/894-1351

CR2E037 (9/96)