

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 24 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792		Mailing Address 1025 S. SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792		3. Date Incorporated or Qualified 08/13/1993	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-3203911 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent BROWN, REGINALD L 4401 E. COLONIAL DRIVE ORLANDO FL 32814				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTILIFFE, DAN		1.2 NAME		
STREET ADDRESS	P.O. BOX 110690 N/A		1.3 STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE FL		1.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TIGHE, SONIA		2.2 NAME		
STREET ADDRESS	7402 N. 56TH ST., #560		2.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2.4 CITY - ST - ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMPSON, HAROLD E		3.2 NAME		
STREET ADDRESS	4501 DETOUR RD		3.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE HAMILTON FL 33851		3.4 CITY - ST - ZIP		
TITLE	PTD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, REGINALD L		4.2 NAME		
STREET ADDRESS	4401 E COLONIAL DR		4.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		4.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NANCE, JERRY		5.2 NAME		
STREET ADDRESS	1 LAKE LINK DR SE		5.3 STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN FL		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Reginald L. Brown* Reginald L. Brown 1/23/98 407/894-1351

CR2E037 (10/97)