FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

• CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:53

DOCUMENT # **N94000001276 (4)**

1. Corporation Name
BREVARD EXPO, INC.

Principal Place of Business	Mailing Address
1901 HARBOR CITY BOULEVARD SUITE 805 MELBOURNE FL 32901	1901 HARBOR CITY BOULEVARD SUITE 805 MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report:
4. FEI Number: 59-3273469 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURPHY, JOHN T ESQ. 1901 HARBOR CITY BOULEVARD SUITE 805 MELBOURNE FL 32901	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	X ☐ Change ☐ Addition
NAME	BIXBY, JOAN V	12 NAME	Thompson, Carolyn Lee	
STREET ADDRESS	1734 BLUEBIRD COURT	13 STREET ADDRESS	579 Coconut Street	
CITY-ST-ZIP	MELBOURNE FL 32935	14 CITY-ST-ZIP	Satellite Beach, FL 32937	
TITLE	VPD	21 TITLE	VPD	☐ Change ☐ Addition
NAME	STANDLEY, WILL F	22 NAME	PETERS, JEFF	
STREET ADDRESS	940 KINGS POST ROAD	23 STREET ADDRESS	970 P LICAN LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	24 CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	STD	31 TITLE	SD	☐ Change ☐ Addition
NAME	OVERLY, NANCY	32 NAME	MERRY, M. KATHRYN	
STREET ADDRESS	2117 VISTA OAK CIRCLE, N.E.	33 STREET ADDRESS	685 GREENWOOD MANOR CIRCLE	
CITY ST ZIP	PALM BAY FL 32905	34 CITY-ST-ZIP	W. MELBOURNE, FL 32904	
TITLE		41 TITLE	TD	☐ Change ☐ Addition
NAME		42 NAME	VARNDELL, JOHN	
STREET ADDRESS		43 STREET ADDRESS	403 McLeod Drive	
CITY-ST-ZIP		44 CITY-ST-ZIP	Cocoa, FL 32922	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Carolyn Lee Thompson PD — 3/02/95 — 407-494-2007
Carolyn Lee Thompson PD — NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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