

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001897 (7)

1. Corporation Name

SPRINGFEST, INC.



Principal Place of Business

Mailing Address

P O BOX 70
PENSACOLA FL 32591
US

P O BOX 70
PENSACOLA FL 32591
US

3. Date Incorporated or Qualified
04/01/1994

3a. Date of Last Report
06/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3237865

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

**PARTINGTON, BRUCE D
125 W ROMANA ST
PENSACOLA FL 32501**

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	D	<input checked="" type="checkbox"/> DELETE
NAME	DOLLARHIDE, BILL	
STREET ADDRESS	C/O 29 S. PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GOODHART, MARY	
STREET ADDRESS	2292 EQUESTRIAN WAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, R DALE	
STREET ADDRESS	P O BOX 631	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	POLLACK, CAROL	
STREET ADDRESS	P.O. BOX 631 N/A	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MURZIN, DAVE	
STREET ADDRESS	8463 BEULAH ROAD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BAKER, JACKIE	
STREET ADDRESS	C/O 25 W. CEDAR STREET	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ralph Emerson	
1.3 STREET ADDRESS	200 E Government St., Ste. 216-A	
1.4 CITY-ST-ZIP	Pensacola, FL 32501	
2.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeff DeWeese	
2.3 STREET ADDRESS	900 N. 12th Ave.	
2.4 CITY-ST-ZIP	Pensacola, FL 32501	
3.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cynthia Fox	
3.3 STREET ADDRESS	2690 Semorian Drive	
3.4 CITY-ST-ZIP	Pensacola, FL 32503	
4.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Helen Little	
4.3 STREET ADDRESS	5918 N Davis Hwy	
4.4 CITY-ST-ZIP	Pensacola, FL 32503	
5.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dave Murzin	
5.3 STREET ADDRESS	8463 Beulah Road	
5.4 CITY-ST-ZIP	Pensacola, FL 32526	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jackie Baker	
6.3 STREET ADDRESS	1101 Gulf Breeze Parkway Suite 335,	
6.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 904-1469-1069
Date Daytime Phone #

CR2E037 (12/95)