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Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001897 (7)**

1. Corporation Name

**SPRINGFEST, INC.**



Principal Place of Business <b>P O BOX 70 PENSACOLA FL 32591 US</b>	Mailing Address <b>P O BOX 70 PENSACOLA FL 32591 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified <b>04/01/1994</b>	4. FEI Number <b>59-3237865</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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		

8. Name and Address of Current Registered Agent <b>PARTINGTON, BRUCE D 125 W ROMANA ST PENSACOLA FL 32501</b>	
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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 <b>FL</b>

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	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D EMERSON, RALPH</b>
STREET ADDRESS	<b>200 E GOVERNMENT ST., STE 216-A</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DT DEWESE, JEFF</b>
STREET ADDRESS	<b>800 N 12TH AVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DVP BIELANDA, BILL</b>
STREET ADDRESS	<b>8914 WEST MADURA RD</b>
CITY-ST-ZIP	<b>GULF BREEZE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DVP LITTLE, HELEN</b>
STREET ADDRESS	<b>5918 N DAVIS HWY</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>DP MURZIN, DAVE</b>
STREET ADDRESS	<b>8463 BEULAH ROAD</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DS SARRA, MICHELLE</b>
STREET ADDRESS	<b>4405 N PALAFOX STREET</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DVP</b>
1.3 STREET ADDRESS	<b>4755 Spanish Trail</b>
1.4 CITY-ST-ZIP	<b>Pensacola, FL 32504</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DT Charles Fairchild</b>
2.3 STREET ADDRESS	<b>510 S. Palafox</b>
2.4 CITY-ST-ZIP	<b>Pensacola, FL 32501</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DP</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D Jenny Huerta</b>
4.3 STREET ADDRESS	<b>3W. Garden St, 2nd Floor</b>
4.4 CITY-ST-ZIP	<b>Pensacola, FL 32501</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DS Donna Prevette</b>
5.3 STREET ADDRESS	<b>180 Governmental Center</b>
5.4 CITY-ST-ZIP	<b>Pensacola, FL 325</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DVP</b>
6.3 STREET ADDRESS	
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 \_\_\_\_\_ 6/25/98 467-1069

CR2E037 (10/97)