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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

CITY-ST-ZIP

PENCACOLA FL

N94000001897 (7)

SPRINGFEST, INC.

FILED Jul 02 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Add	lress					
P O BOX 70 PENSACOLA FL 32591 US			P O BOX 70 PENSACOLA FL 32591 US			3. Date Incorporated or Qua	alified	
						04/01/1994		
08		U0				4. FEI Number		Applied For
						59-3237865		Not Applicable
—	lace of Business	2a. Malling A	Address			5. Certificate of Status Desir	100	75 Additional
21	#	26 Suite, Ap	nt # oto	-				e Required
Sulte, Apt.	#, e (C.	27 Suite, At)(, #, e(C,			Election Campaign Finan Trust Fund Contribution		00 May Be led to Fees
City & State	6	City & St	lale			7. Is this nonprofit corporation		
23		28					Yes No	
Zip	Country	Zip		Countr	у	8. This corporation owes or	has paid the current ye	ar Intangible
24	25	29		30		Personal Property Tax du		□ No
	8. Name and Address of Cu	rrent Registered Age	ent		1	10. Name and Address of N	lew Registered Agent	
				61	Name			
	GT O N, BRUCE D			82	Street	Address (P.O. Box Number is Not Ad	cceptable)	
	romana st			83	ļ			
PENSAC	OLA FL 32501			63	Ί			
				84	City		F1 85	Zip Code
11. Pureuant	to the provisions of Sections 617	0502 and 617,1508.	Florida Statute	s. the abov	/e-named	corporation submits this statement for	or the purpose of change	ing its registered
office or r	egistered agent, or both, in the S	tate of Florida. Such of	change was a	uthorized b	y the corp	poration's board of directors. I hereby	y accept the appointme	nt as registered
1	im mamiliar with, and accept the o	bligations of, Section	617.0303, FIDI	nua statute	5 to .			
SIGNATURE .	Signature, typed or printed name of registere	d agent and title if applicable.	. (NOTE	Registered Ag	eni signalure	required when reinstating)	DATE	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO		
TITLE	<u> </u>		DC: ETC					
IIILE	Đ	L	DELETE	1.1 TITLE		DAB	⊠ Ch	ange L. Addition
NAME	EMERSON, RALPH	L	_] DETE 1E	1.1 TITLE 1.2 NAME				ange L. Addition
	EMERSON, RALPH 200 E GOVERNMENT ST.,	_	DELETE	1.2 NAME	T ADDRESS			ange LJ Addition
NAME	EMERSON, RALPH	STE 216-A		1.2 NAME 1.3 STREE 1.4 C/TY-	T ADDRESS	4755 Spanish Tr Persocola, FL 3	011 2504	
NAME STREET ADDRESS	EMERSON, RALPH 200 E GOVERNMENT ST., PENSACOLA FL DT	STE 216-A	DELETE	1.2 NAME 1.3 STREE	T ADDRESS	4755 Spanish Tr Pensocola, FL 3		
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6/25/98

469-1069

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 any attachment with an address.