


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90212 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001897					
1. Corporation Name SPRINGFEST, INC.					
Principal Place of Business P O BOX 70 PENSACOLA FL 32591 US			Mailing Address P O BOX 70 PENSACOLA FL 32591 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/01/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3237865	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

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			
				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	DVP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EMERSON, RALPH			1.2 NAME			
STREET ADDRESS	4755 SPANISH TRAIL			1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504			1.4 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAIRCHILD, CHARLES			2.2 NAME	Paul Lowe		
STREET ADDRESS	510 S PALAFOX			2.3 STREET ADDRESS	4400 mobile Hwy		
CITY-ST-ZIP	PENSACOLA FL 32501			2.4 CITY-ST-ZIP	Pensacola, FL 32506		
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BIELEND, BILL			3.2 NAME			
STREET ADDRESS	3914 WEST MADURA RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUERTA, JENNY			4.2 NAME			
STREET ADDRESS	3 W GARDENS ST, 2ND FLOOR			4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32501			4.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PREVATTE, DONNA			5.2 NAME			
STREET ADDRESS	180 GOVERNMENTAL CENTER			5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			5.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SARRA, MICHELLE			6.2 NAME			
STREET ADDRESS	4405 N PALAFOX STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			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, with all other like empowered.

SIGNATURE: _____ DATE: 4/30/99 DAYTIME PHONE #: 469-1069

CR2E037 (11/98)