

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003611 (0)**  
1. Corporation Name  
**FLORIDA GATOR FEST ASSOCIATION, INC.**



Principal Place of Business <b>131 SUNRISE BLVD. DEBARY FL 32713</b>	Mailing Address <b>131 SUNRISE BLVD. DEBARY FL 32713-3857</b>
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3. Date Incorporated or Qualified <b>07/21/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-3251398</b>	Applied For <input type="checkbox"/> 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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**HOLCOMB, WILLIAM J  
131 SUNRISE BLVD.  
DEBARY FL 32713**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 *William J. Holcomb, President* DATE **1-29-97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLCOMB, BILL	
STREET ADDRESS	131 SUNRISE BLVD.	
CITY-ST-ZIP	DEBARY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, IAN	
STREET ADDRESS	1402 FORT SMITH BLVD.	
CITY-ST-ZIP	DELTONA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, GAYLA	
STREET ADDRESS	21 CANTER CLUB	
CITY-ST-ZIP	DEBARY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NUTT, PAM	
STREET ADDRESS	34 COMMUNITY DRIVE	
CITY-ST-ZIP	DEBARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DIRECTOR</b>
2.3 STREET ADDRESS	<b>ROBERTS, IAN</b>
2.4 CITY-ST-ZIP	<b>2119 OAK MEADOW CIR. SO. DAYTONA, FL 32119</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DIRECTOR</b>
3.3 STREET ADDRESS	<b>FULLER, GAYLA</b>
3.4 CITY-ST-ZIP	<b>21 CANTER CLUB DEBARY, FL. 32713</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>SECRETARY</b>
4.3 STREET ADDRESS	<b>HOLCOMB, CLAUDIA</b>
4.4 CITY-ST-ZIP	<b>131 SUNRISE BLVD. DEBARY, FL. 32713</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>VIEW PROS./DIRECTOR</b>
5.3 STREET ADDRESS	<b>STONE, ALTON</b>
5.4 CITY-ST-ZIP	<b>2088 ALTOONA LANE DELTONA, FL. 32738</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *William J. Holcomb, President* DATE: **1-29-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013062

CR2E037 (9/96)