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0013011

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000003611**

1. Corporation Name

**FLORIDA GATOR FEST ASSOCIATION, INC.**

Principal Place of Business

131 SUNRISE BLVD.  
 DEBARY FL 32713

Mailing Address

131 SUNRISE BLVD.  
 DEBARY FL 32713



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/21/1994

22 City & State

27 City & State

4. FEI Number

- 59-3251398

Applied For

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLCOMB, WILLIAM J  
 131 SUNRISE BLVD.  
 DEBARY FL 32713

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME HOLCOMB, BILL  
 STREET ADDRESS 131 SUNRISE BLVD.  
 CITY-ST-ZIP DEBARY FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME ROBERTS, IAN  
 STREET ADDRESS 2119 OAK MEADOW CIRCLE  
 CITY-ST-ZIP S DAYTONA FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 716 MERRIMAC DR.  
 2.4 CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE D  DELETE  
 NAME FULLER, GAYLA  
 STREET ADDRESS 21 CANTER CLUB  
 CITY-ST-ZIP DEBARY FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME NUTT, PAM  
 STREET ADDRESS 34 COMMUNITY DRIVE  
 CITY-ST-ZIP DEBARY FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE S  DELETE  
 NAME HOLCOMB, CLAUDIA  
 STREET ADDRESS 131 SUNRISE BLVD  
 CITY-ST-ZIP DEBARY FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE VPD  DELETE  
 NAME ALLEN, STONE  
 STREET ADDRESS 2088 ALTOONA LANE  
 CITY-ST-ZIP DELTONA FL

6.1 TITLE  Change  Addition  
 6.2 NAME  
 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, with all other like empowered.

SIGNATURE: *William J. Holcomb* SIGNATURE REQUIRED: *William J. Holcomb* President 407-668-7218  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1.1/98)