

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90088 029 ****61.25

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/21/1994

4. FEI Number

59-3251398

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

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

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

716 MERRIMAC DR.
PORT ORANGE, FL 32127

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

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

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

6.1 TITLE
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 (11/98)