

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000001018 (9)**

1. Corporation Name

**PUTNAM COUNTY FAIR AUTHORITY, INC.**



Principal Place of Business

**111 YELVINGTON RD  
SUITE 1  
EAST PALATKA FL 32131-8892**

Mailing Address

**111 YELVINGTON RD  
SUITE 1  
EAST PALATKA FL 32131-8892**

3. Date Incorporated or Qualified  
**09/26/1994**

3a. Date of Last Report  
**10/02/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-3232490**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TILTON, AUSTIN  
111 YELVINGTON RD  
SUITE 1  
EAST PALATKA FL 32131-8892**

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 of applicant

Signature of Registered Agent's signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **REVELS, ROBERT L**  
STREET ADDRESS **260 E CRACKER SWAMP RD**  
CITY-ST-ZIP **E PALATKA FL 32131**

TITLE **V** ☐ DELETE  
NAME **FUTCH, BILL**  
STREET ADDRESS **112 GOODWIN ST**  
CITY-ST-ZIP **SAN MATEO FL 32187**

TITLE **S** ☐ DELETE  
NAME **TILTON, AUSTIN**  
STREET ADDRESS **510 EAST END RD**  
CITY-ST-ZIP **SAN MATEO FL 32187**

TITLE **T** ☐ DELETE  
NAME **KEEL, DONNA**  
STREET ADDRESS **1021 S MOODY RD**  
CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P/D** ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE **V/D** ☐ Change ☒ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE **S/D** ☐ Change ☒ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE **T/D** ☐ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: AUSTIN TILTON, SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Austin Tilton*

**904/329-0318**

Daytime Phone #

CR2E037 (12/95)