


FILE NOW: FILING FEE IS \$61.25

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Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90024 027 *****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001018					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/26/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3232490	
24 Country		29 Country		30	
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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REVELS, ROBERT L	
STREET ADDRESS	260 E CRACKER SWAMP RD	
CITY-ST-ZIP	E PALATKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FUTCH, BILL	
STREET ADDRESS	112 GOODWIN ST	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TILTON, AUSTIN	
STREET ADDRESS	510 EAST END RD	
CITY-ST-ZIP	SAN MATEO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KEEL, DONNA	
STREET ADDRESS	1021 S MOODY RD	
CITY-ST-ZIP	PALATKA 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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:

AUSTIN TILTON, SECRETARY/DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

Date

904/329-0318

Daytime Phone #

0002692

CR2E037 (11/98)