


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthahn</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004343 (8)**  
1. Corporation Name  
**HENDRY COUNTY FAIR AND LIVESTOCK SHOW, INC.**



Principal Place of Business <b>710 S FRANCISCO ST CLEWISTON FL 33440</b>	Mailing Address <b>P O BOX 1356 CLEWISTON FL 33440-1356</b>
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3. Date Incorporated or Qualified <b>08/29/1995</b>	3a. Date of Last Report <b>03/08/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>59-1099492</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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCGAHEE, MELANIE A  
333 S COMMERCIO ST, SUITE B  
CLEWISTON FL 33440**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	SWINDLE, YVONNE	
STREET ADDRESS	710 S FRANCISCO ST	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, DOUG	
STREET ADDRESS	710 S. FRANCISCO ST	
CITY-ST-ZIP	CLENISTON FL 33440	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	WISEMAN, GAIL	
STREET ADDRESS	710 S FRANCISCO ST	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, DONNA	
STREET ADDRESS	PO BOX 1132	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHEFFLER, SEAN	
STREET ADDRESS	PO BOX 627	
CITY-ST-ZIP	CLEWISTON FL 33440	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DRYDEN, BRAIN	
STREET ADDRESS	601 W OCSELO	
CITY-ST-ZIP	CLEWISTON FL 33440	

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	VT Swindle, Michael
2.3 STREET ADDRESS	710 S. Francisco St.
2.4 CITY-ST-ZIP	Clewiston, FL 33440
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TT Wiseman, Gail
3.3 STREET ADDRESS	710 S. Francisco St.
3.4 CITY-ST-ZIP	Clewiston FL 33440
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Howard, Donna
4.3 STREET ADDRESS	710 S. Francisco St.
4.4 CITY-ST-ZIP	Clewiston, FL 33440
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TT Scheffler, Sean
5.3 STREET ADDRESS	P.O. Box 627 602 E. Del Monte Ave.
5.4 CITY-ST-ZIP	Clewiston FL 33440
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TS Donna T. Sparks
6.3 STREET ADDRESS	Rt. 2, Box 659 Taft Blvd.
6.4 CITY-ST-ZIP	Clewiston FL 33440

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.

*Donna T. Sparks* 4/13/97 011/02 0202

CR2E037 (9/96)