SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700006082 (8)

SWAMP CABBAGE FESTIVAL, INC. Principal Place of Business Mailing Address 125 E. HICKPOOCHEE AVE. P.O. BOX 2081 3. Date Incorporated or Qualified LABELLE FL 33975 LABELLE FL 33935 10/28/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Yes No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILKINS, JULIE C 82 Street Address (P.O. Box Number is Not Acceptable) 41 HAMPTON AVE. 83 LABELLE FL 33935 84 City Zip Code 85 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change Addition છે Jerry Millet Florida Ave NAME CRAICHY, SHARON S 1.2 NAME STREET ADDRESS 441 1ST AVE. 1.3 STREET ADDRESS aBelle FL 33935 LABELLE FL 33935 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE orma Andrews HUMPHRIES, MARTHA NAME 22 NAME 450 N.MAIN ST. STREET ADDRESS 2.3 STREET ADDRESS FL 83935 LABELLE FL 33935 CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME HUMPHRIES, HEIDI 3.2 NAME 450 N.MAIN ST. STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP LABELLE FL 33935 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE NAME KIRBY, IDA 4.2 NAME 31 HAMPTON AVE. STREET ADDRESS 4.3 STREET ADDRESS La**be**lle fl 33935 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME MILLER, JOSEPH R JR 5.2 NAME STREET ADDRESS 1679 CALOOSA DR. COURT 5.3 STREET ADDRESS CITY-ST-ZIP La**be**lle fl 33935 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME WILKINS, WAYNE L 6.2 NAME STREET ADDRESS 41 HAMPTON AVE. 6.3 STREET ADDRESS

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 reduired 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:

941-67635

FILED

Sep 03 1998 8:00am

Secretary of State