

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 MAR 21 PM 4:07****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # P00764****(1)**

1. Corporation Name

CUMBERLAND VALLEY SHOWS, INC.

Principal Place of Business

**%COLES FERRY PIKE
P.O. BOX 702
LEBANON TN 37088-0702**

Mailing Address

**%COLES FERRY PIKE
P.O. BOX 702
LEBANON TN 37088-0702**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/31/1984

3a. Date of Last Report

04/27/1994

4. FEI Number

62-0963234

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

9. Name and Address of Current Registered Agent

**RICHEY, STEVEN J
1084 FLAGLER AVENUE
LEESBURG FL 34748**

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 607.0502 and 607.1508, 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 607.0505, 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
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
FLOYD, JAMES D. JR.
COLES FERRY PIKE
LEBANON TN**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VD
FLOYD, J.D.
116 OAK HILL DRIVE
LEBANON TN**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**STD
BAXTER, BILLY
204 GORDON DRIVE
LEBANON TN**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**AS
INGRAM, CLYDE
P.O. BOX 702 N/A
LEBANON TN**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 110.07(3)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Clyde Ingram
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Clyde Ingram****3-16-95****615-444-6627**

Date

Daytime Phone #