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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90112 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00764

1. Corporation Name

CUMBERLAND VALLEY SHOWS, INC.

Principal Place of Business

200 CARVER LANE
P O BOX 702
LEBANON TN 37088-702
US

Mailing Address

200 CARVER LANE
P O BOX 702
LEBANON TN 37088-702
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1984

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 owes the current year Intangible
Personal Property Tax.

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

Lebanon TN

29

Zip Country

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 PD ☒ DELETE

NAME FLOYD, JAMES D. JR.
STREET ADDRESS COLES FERRY PIKE
CITY-ST-ZIP LEBANON TN

TITLE VD ☐ DELETE

NAME FLOYD, J.D.
STREET ADDRESS 116 OAK HILL DRIVE
CITY-ST-ZIP LEBANON TN

TITLE STD ☐ DELETE

NAME BAXTER, BILLY
STREET ADDRESS 204 GORDON DRIVE
CITY-ST-ZIP LEBANON TN

TITLE AS ☐ DELETE

NAME INGRAM, CLYDE
STREET ADDRESS P.O. BOX 702 N/A
CITY-ST-ZIP LEBANON TN

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

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME Terry Stafford
1.3 STREET ADDRESS 200 Carver Lane
1.4 CITY-ST-ZIP Lebanon, TN 37087

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Janet Floyd
2.3 STREET ADDRESS 200 Carver Lane
2.4 CITY-ST-ZIP Lebanon, TN 37087

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

(615) 444-6627

CR2E034 (11/98)