CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:02

DOCUMENT # F94000000752 (5)

1. Corporation Name
JERRY DIAMOND & ASSOCIATES, INC.

Principal Place of Business
PO BOX 30051
PENSACOLA FL 32503

Mailing Address
PO BOX 30051
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report:

2. Principal Place of Business
21 P.O. Box 30051
22 Suite, Apt. #, etc.
Pensacola, FL
23 City & State: 32503
24 Zip
25 Country: USA

2a. Mailing Address
26 P.O. Box 30051
27 Suite, Apt. #, etc.
28 City & State: Pensacola, FL
29 Zip: 32503
30 Country: USA

4. FEI Number: 59-3236789
☐ 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

9. Name and Address of Current Registered Agent

KIZER, ED
2920 INVERNESS PLACE
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name: Jerry Diamond
82 Street Address (P.O. Box Number is Not Acceptable): 2354 Arriviste Way
83
84 City: Pensacola FL 85 Zip Code: 32504

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: Jerry Diamond
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	11 TITLE		☑ Change ☐ Addition
NAME	DIAMOND, JERRY	12 NAME		
STREET ADDRESS	2920 INVERNESS PLACE	13 STREET ADDRESS	2354 Arriviste Way	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP		
TITLE	VCVS	21 TITLE		☑ Change ☐ Addition
NAME	DIAMOND, KEVIN	22 NAME		
STREET ADDRESS	2920 INVERNESS PLACE	23 STREET ADDRESS	2354 Arriviste Way	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☑ Change ☐ Addition
NAME	KIZER, ED	32 NAME		
STREET ADDRESS	2920 INVERNESS PLACE	33 STREET ADDRESS	2354 Arriviste Way	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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.

SIGNATURE: Jerry Diamond 3/27/95 (904) 436-8545
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone Number

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:25

DOCUMENT # **F94000000986 (9)**

1. Corporation Name
SOUTHERN SHOWS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 36859 CHARLOTTE NC 28236	P.O. BOX 36859 CHARLOTTE NC 28236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21 810 Baxter Street
22 Suite, Apt. #, etc.
23 City & State: Charlotte NC.
24 Zip: 28202 25 Country: Mecklenburg

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 56-0753673 ☐ 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

9. Name and Address of Current Registered Agent

MARTIN, TOASY
1322 SHOREWOOD DRIVE
ORLANDO FL 32806

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: Toasy Martin — DATE: Martin 2-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☒ Change ☐ Addition
NAME	ZIMMERMAN, JOAN	12 NAME		
STREET ADDRESS	P.O. BOX 36859	13 STREET ADDRESS	810 Baxter Street	
CITY-ST-ZIP	CHARLOTTE NC	14 CITY-ST-ZIP	Charlotte NC 28202	
TITLE	V	21 TITLE		☒ Change ☐ Addition
NAME	ZIMMERMAN, DAVID	22 NAME		
STREET ADDRESS	P.O. BOX 36859	23 STREET ADDRESS	810 Baxter St.	
CITY-ST-ZIP	CHARLOTTE NC	24 CITY-ST-ZIP	Charlotte NC 28202	
TITLE	S	31 TITLE		☒ Change ☐ Addition
NAME	KUESTER, NORA	32 NAME		
STREET ADDRESS	P.O. BOX 36859	33 STREET ADDRESS	810 Baxter St.	
CITY-ST-ZIP	CHARLOTTE NC	34 CITY-ST-ZIP	Charlotte NC 28202	
TITLE	CEO	41 TITLE	CEO	☒ Change ☐ Addition
NAME	KUESTER, ROBERT	42 NAME	Zimmerman, Robert	
STREET ADDRESS	P.O. BOX 36859	43 STREET ADDRESS	810 Baxter St.	
CITY-ST-ZIP	CHARLOTTE NC	44 CITY-ST-ZIP	Charlotte NC 28202	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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 above, or on an attachment with an address.

SIGNATURE: [signature] 3-27-95 (704) 376-6594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID Zimmerman, V.P.