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 APR -6 AM 10:01

DOCUMENT # **P94000005757 (7)**

1. Corporation Name
JACKSONVILLE AVICULTURAL SOCIETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1501 SAN MARCO BLVD. JACKSONVILLE FL 32207	1501 SAN MARCO BLVD. JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 01/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3650 South Side Blvd	26 P.O Box 16191
Suite, Apt. #, etc. 22 P.O. Box 16191	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip / Country 24 32245-6191 / 25 DUVAL	Zip / Country 29 32245-6191 / 30 DUVAL

4. FEI Number: ☐ 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

STEPHENSON, JANET
10553 SCOTT MILL ROAD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: ~~JACKSONVILLE AVICULTURAL SOCIETY, INC.~~ AAS
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NEW Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	STEPHENSON, JANET	12 NAME	
STREET ADDRESS	10553 SCOTT MILL ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RUHE, JOY	22 NAME	
STREET ADDRESS	4804 DUCHENEAU DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SEITZ, GARY	32 NAME	
STREET ADDRESS	558 SAN PABLO ROAD NORTH	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WENCK, ROGER	42 NAME	
STREET ADDRESS	2553 BURLINGAME DRIVE EAST	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, BARBARA	52 NAME	
STREET ADDRESS	2301 STAUFFER ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BROWNE, NANCY	62 NAME	
STREET ADDRESS	7809 BILKEN DRIVE SOUTH	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	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: Roger Wenck Roger Wenck 4-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0014000 CP