**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P95000069870 (0)**

1. Corporation Name

**DAYTONA BEACH MUSIC FESTIVAL INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 206 B MOORE AVENUE<br>DAYTONA BEACH FL 32118 | 206 B MOORE AVENUE<br>DAYTONA BEACH FL 32118 |

3. Date Incorporated or Qualified: 09/05/1995
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: X59-3334414 ☐ 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**

CROCCO, JERRY
206 B MOORE AVENUE
DAYTONA BEACH FL 32118

**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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when mailing)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CROCCO, JERRY | | 1.2 NAME | | |
| STREET ADDRESS | 1500 VIRGINIA AVENUE #C110 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHRISTESON, NORTON DR. | | 2.2 NAME | | |
| STREET ADDRESS | 368 ALETHA DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | | 2.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOLLINGSWORTH, DAVID | | 3.2 NAME | | |
| STREET ADDRESS | 376 MCINTOSH ROAD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | | 3.4 CITY-ST-ZIP | | |
| TITLE | ST | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CASSEVOY, NICHOLAS | | 4.2 NAME | | |
| STREET ADDRESS | 4319 SOUTH PENINSULA DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PONCE INLET FL 32127 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | 700001828547 | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | -05/20/96--01028--024 | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | ***200.00 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 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:** Nicholas Cassevoy Nicholas Cassevoy 4/23/96 904 255-7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SG 5-1-96

CR2E034 (12/95)