FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000102408

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90080 025 ***150.00

1 (86)(89) (18	iana taan aasii Bari		
		4819 : Hall 4311 Hall	

FAIRCLOTH PROMOTIONS, INC.					
Four & Information Center, Inc.					
Principal Place of Business Mailing Address				F 1001001 tra 1811 (881 831) pain ann nan Baile Hall	
PO BOX 6288 PO BOX 6288 PO BOX 6288 FORT MYERS BEACH FL 33932			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	
		~		12/03/1997	ļ
2. Principal P	lace of Business	2a. Mailing Address			Applied For
		ecca Au	9 65-0799659	Not Applicable	
21 81 Old San Carlos Blud 26 17861 Beb			E Contiferte of Status Desired	5:Additional====	
22 27			ree	Required	
City & State City & State		ach, FL	1 - 1 - 1	0 May Be ed to Fees	
23 FT Myers Beach, FL 28 FT Myers Beach		Country	Trust Fund Contribution Adde 8. This corporation owes the current year Intangible	su to rees	
24 3393		3393/ 3	¬ '1	Personal Property Tax.	□No
24 1 -	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent	
			81 Name	Paul W. Christensen	}
DALLAS, EDWARD A 82 Street Addres			Address (P.O. Box Number is Not Acceptable)		
	4 SAN CARLOS BLVD, #202			861 Rebecca Aue,	
FOR	T MYERS BEACH FL 33931	•	83		ŀ
]	1		84 City	Crmyers Beach FL 85 3	ip Code 393/
	(0.70500	d CO7 4500 Florido Chefridos		corporation submits this statement for the purpose of changing	
Office OF F	opietorod opent or both in the State o	t Florida. Siich change was aliti	nonzea ny ine como	ration's board of directors. I hereby accept the appointment as	registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.	3/10/99	j
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating) DATE	 }
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	D	DELETE	1.1 TITLE	Director	ge Addition
NAME .	FAIRCLOTH, SHARON	•	1.2 NAME	Paul W. Christensen	
STREET ADDRESS	11370 LUANNE LN		1.3 STREET ADORESS	17861 Rebecca Ave.	} !
CITY-ST-ZIP .	FORT MYERS FL 33908	VZ DELETE	1.4 CITY-ST-ZIP	FT myers Beach, FL 33931	ge Addition
TITLE	D ENDOLOTH KERM	DELETE	2.1 TITLE	C state	,,,,,,,,,,
NAME	FAIRCLOTH, KEVIN		2.2 NAME 2.3 STREET ADDRESS		ì
STREET ADDRESS	11370 LUANNE LN FORT-MYERS FL 33908		2.4 CITY-ST-ZIP		-
TITLE	TOTT MILITOTE GOSGE	☐ DELETE	3.1 TITLE	Chan	ge 🔲 Addition
NAME			3.2 NAME		-
STREET ADDRESS	<u> </u>		3.3 STREET ADDRESS	•	j
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Chan	ge
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Chan	ge Addition
TITLE		□ nereir	5.1 ITILE 5.2 NAME		y
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		į.
TITLE		☐ DELETE	6.1 TITLE	[] Chan	ge Addition
NAME	1				W
			6.2 NAME		Ĺ,
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	•	<u>,</u>

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.