

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **709281** (0)
1. Corporation Name
FLORIDA AGRICULTURAL AVIATION ASSOCIATION, INC.

Principal Place of Business Mailing Address
2720 SNEED RD **2720 SNEED RD**
P. O. BOX 362 **FORT PIERCE FL 34964**
FORT PIERCE FL 34964 **US**

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 **34945** 25 29 **34945** 30

9. Name and Address of Current Registered Agent
STONE, CHARLES, JR.
2720 SNEED ROAD
FT. PIERCE FL 34945

APPROVED AND FILED
95 APR 27 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/07/1973** 3a. Date of Last Report **04/21/1994**

4. FEI Number **59-1429837** Applied For Not Applicable

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, CHARLES JR.	1.2 NAME	
STREET ADDRESS	2720 SNEED ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT PIERCE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, RANDY	2.2 NAME	
STREET ADDRESS	1905 S.E. PEACH	2.3 STREET ADDRESS	P. STONE, RICHARD
CITY - ST - ZIP	ARCADIA FL	2.4 CITY - ST - ZIP	1200 KINGSWOOD LANE
TITLE	PE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, RICHARD	3.2 NAME	GARDNER, SHANE
STREET ADDRESS	1200 KINGSWOOD LANE	3.3 STREET ADDRESS	5103 WILLIS ROAD
CITY - ST - ZIP	FT. PIERCE FL	3.4 CITY - ST - ZIP	GREENWOOD, FL 32055
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERSILL, TOMMY	4.2 NAME	D
STREET ADDRESS	10355 E. GRAND NATIONAL DRIVE	4.3 STREET ADDRESS	HERA, ABEL
CITY - ST - ZIP	LOXAHATCHEE FL	4.4 CITY - ST - ZIP	13226 SW 43RD LANE
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSERMAN, TERRY	5.2 NAME	
STREET ADDRESS	RT. 5 BOX 617	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE CITY FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, MIKE	6.2 NAME	
STREET ADDRESS	10740 STATE HIGHWAY 97	6.3 STREET ADDRESS	
CITY - ST - ZIP	WALNUT HILL FL	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 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Stone Jr. **4-21-95** **407/465-0714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)
Charles Stone Jr.