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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 ROAD 2720 SNEED RD
FORT PIERCE FL 34945 FORT PIERCE FL 34945-4711
US US

3. Date Incorporated or Qualified 06/07/1973 3a. Date of Last Report 03/06/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc	Suite, Apt. #, etc.	59-1429837	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STONE, CHARLES, JR. 2720 SNEED ROAD FT. PIERCE FL 34945		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD STONE, CHARLES JR. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2720 SNEED ROAD	1.2 NAME	
STREET ADDRESS	FT PIERCE, FL 00000	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	P STONE, RICHARD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1200 KINGSWOOD LANE	2.2 NAME	LEE TURNQUIST
STREET ADDRESS	FT. PIERCE FL	2.3 STREET ADDRESS	1130 LAKESHORE BLVD
CITY - ST - ZIP		2.4 CITY - ST - ZIP	LAKE WALES, FL 33853
TITLE	PE GARDNER, SHANE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5103 WILLIS RD	3.2 NAME	STORY AVIATION, INC.
STREET ADDRESS	GREENWOOD FL	3.3 STREET ADDRESS	HWY 64, WEST
CITY - ST - ZIP		3.4 CITY - ST - ZIP	AVON PARK, FL 33858
TITLE	D HERA, ABEL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13228 SW 43RD LANE	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D BOSSERMAN, TERRY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 5 BOX 617	5.2 NAME	
STREET ADDRESS	LAKE CITY FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D GODWIN, MIKE <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10740 STATE HIGHWAY 97	6.2 NAME	BILL MALONE
STREET ADDRESS	WALNUT HILL FL	6.3 STREET ADDRESS	12245 N.E. 56TH AVENUE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	OKEECHOBEE FL 34972

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Charles Stone 3/24/97 561/465-0714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072331

CR2E037 (9/96)