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FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 2720 SNEED ROAD, FORT PIERCE FL 34945 US
Mailing Address: 2720 SNEED RD, FORT PIERCE FL 34945 US

3. Date Incorporated or Qualified: 06/07/1973
4. FEI Number: 59-1429837
Applied For: Not Applicable

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No (checked)
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No (checked)

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

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

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	STONE, CHARLES JR.	
STREET ADDRESS	2720 SNEED ROAD	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TUERNQUIST, LEE	
STREET ADDRESS	1130 LAKESHORE BLVD	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PE	<input checked="" type="checkbox"/> DELETE
NAME	STORY AVIATION, INC.	
STREET ADDRESS	HWY 64 WEST	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERA, ABEL	
STREET ADDRESS	13226 SW 43RD LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOSSERMAN, TERRY	
STREET ADDRESS	RT. 5 BOX 617	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALONE, BILL	
STREET ADDRESS	12245 NE 56TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P STORY, TERRY
2.3 STREET ADDRESS	HWY. 64, WEST
2.4 CITY-ST-ZIP	AVON PARK, FL 33858
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PE BOSSERMAN, TERRY
3.3 STREET ADDRESS	3339 216TH STREET
3.4 CITY-ST-ZIP	LAKE CITY, FL 32024
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D PUCKETT, LEWIS
5.3 STREET ADDRESS	8703 AIRPORT BLVD.
5.4 CITY-ST-ZIP	LEESBURG, FL 34788
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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*

CR2E037 (10/97)