

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712388 (8)
1. Corporation Name
EXPERIMENTAL AIRCRAFT ASSOCIATION, INC., MANASOT A CHAPTER 180



Principal Place of Business 4020 GT-GEORGE DR E BRADENTON FL 34200	Mailing Address 4020 GT-GEORGE DR E BRADENTON FL 34200
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3. Date Incorporated or Qualified 03/10/1967	
4. FEI Number 59-2633611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3914 HIDDEN RIVER RD Suite, Apt. #, etc. 22	2a. Mailing Address 26 3914 HIDDEN RIVER RD Suite, Apt. #, etc. 27
23 City & State SARASOTA FL	28 City & State SARASOTA FL
24 Zip 34240	25 Country USA
29 Zip 34240	30 Country USA

9. Name and Address of Current Registered Agent
~~WALDT, JAMES R
4020 GT-GEORGE DR E
BRADENTON FL 34200~~

10. Name and Address of New Registered Agent

81 Name REEVES ROBERT L.
82 Street Address (P.O. Box Number is Not Acceptable) 3914 HIDDEN RIVER RD
83
84 City SARASOTA FL
85 Zip Code 34240

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: *Robert L. Reeves* DATE: 3/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TOM PENNELL		1.2 NAME	ROBERT FETT PRES.
STREET ADDRESS 8307 SYLVANWOOD DR		1.3 STREET ADDRESS	1380 FOX CREEK DR
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL 34240
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAUL CARSON		2.2 NAME	
STREET ADDRESS 5800 N. LOCKWOOD RIDGE RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		2.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALDT, JAMES		3.2 NAME	
STREET ADDRESS 4020 GT-GEORGE DR E		3.3 STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLER, JOHN		4.2 NAME	
STREET ADDRESS 635 N. LIME AVE. #202		4.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMSON, JOHNNY		5.2 NAME	
STREET ADDRESS 604 CAMELLIA AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP ELLENTON FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REEVES, ROBERT		6.2 NAME REEVES, ROBERT	
STREET ADDRESS 3914 HIDDEN RIVER RD.		6.3 STREET ADDRESS 3914 HIDDEN RIVER	
CITY-ST-ZIP SARASOTA FL		6.4 CITY-ST-ZIP SARASOTA FL 34240	

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: *Robert L. Reeves* ROBERT L. REEVES 3/26/98 941-322-1001

CR2E037 (10/97)