

**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

APPROVED  
AND  
FILED

95 MAY 16 AM 8:38

DOCUMENT # **734822** (0)  
1. Corporation Name  
**MID FLORIDA CHAPTER 534, EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**14 CYPRESS DRIVE EUSTIS FL 32726** **P.O. BOX 218 ALTOONA FL 32702**

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

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **12/31/1975** 3a. Date of Last Report **07/21/1994**  
4. FEI Number **59-2411445** 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

9. Name and Address of Current Registered Agent  
**RAWSON, JOSEPH F  
42421 HAWKINS RD  
ALTOONA FL 32702**

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 reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|--------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD<br>FULLER, DAVID<br>182 E LAKEVIEW ST<br>UMATILLA FL      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                              | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                              | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                              | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VD<br>PUCKET, LEWIS<br>812 LAKE SHORE DR<br>LEESBURG FL      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                              | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                              | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                              | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | SD<br>WEBER, JOHN<br>10349 BAY ST<br>LEESBURG FL             | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                              | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                              | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                              | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | TD<br>RAWSON, JOSEPH<br>42421 HAWKINS<br>ALTOONA FL          | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                              | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                              | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                              | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | D<br>BROKAW, BERGON<br>30033 JOHNSON POINT RD<br>LEESBURG FL | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                              | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                              | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                              | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                                                              | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                                              | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                              | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                                                              | 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: Joseph Rawson Joseph Rawson Apr 16, 95 904-360-9933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #