FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

MAY -1 AM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G03184 (0)

1. Corporate Name

H. I. ST. PETERSBURG AIRPORT, INC.

Principal Place of Business	Mailing Address
111 WEST FORTUNE ST. TAMPA FL 33602	111 WEST FORTUNE ST. TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1982

3a. Date of Last Report: 05/01/1994

2. Principal Name of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2331426

Apparel Fee: Not Applicable

Suite, Apt. # or Bldg. — 22

Suite, Apt. # or Bldg. — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23

City & State — 28

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

Zip — 24 — County — 25

Zip — 29 — County — 30

8. This corporation has activity for intrastate (or under S. 180.072, Florida Statutes) ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CALLEN, DAVID H.
111 WEST FORTUNE STREET
TAMPA FL 33602

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 Section 607.1905 and 617.1905, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign here) (If changing Registered Agent, Registered Agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	DP	51 TITLE	☐ Change ☐ Addition
NAME	CALLEN, DAVID H	52 NAME	
STREET ADDRESS	111 WEST FORTUNE STREET	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE		55 TITLE	☐ Change ☐ Addition
NAME		56 NAME	
STREET ADDRESS		57 STREET ADDRESS	
CITY-ST-ZIP		58 CITY-ST-ZIP	
TITLE		59 TITLE	☐ Change ☐ Addition
NAME		60 NAME	
STREET ADDRESS		61 STREET ADDRESS	
CITY-ST-ZIP		62 CITY-ST-ZIP	
TITLE		63 TITLE	☐ Change ☐ Addition
NAME		64 NAME	
STREET ADDRESS		65 STREET ADDRESS	
CITY-ST-ZIP		66 CITY-ST-ZIP	
TITLE		67 TITLE	☐ Change ☐ Addition
NAME		68 NAME	
STREET ADDRESS		69 STREET ADDRESS	
CITY-ST-ZIP		70 CITY-ST-ZIP	
TITLE		71 TITLE	☐ Change ☐ Addition
NAME		72 NAME	
STREET ADDRESS		73 STREET ADDRESS	
CITY-ST-ZIP		74 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemptions 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 607, Florida Statutes; and that my name appears in Block 1 or Block 13 if changed, or on an attachment with any address.

SIGNATURE: [signature] David H Callen 4/27/95 (813) 821-4300

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME TELEPHONE NUMBER

0260030 CR