FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004249 (8)

1. Corporation Name

AIRPORTS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
108 E. JEFFERSON ST., SUITE A TALLAHASSEE FL 32301	108 E. JEFFERSON ST., SUITE A TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report:
4. FEI Number: [X] Applied For [ ] Not Applicable
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. 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

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

9. Name and Address of Current Registered Agent

COULTER, WILLIAM P
108 E. JEFFERSON ST., SUITE A
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PPD	[X] Change [ ] Addition
NAME	JOHNSON, JAMES E	1.2 NAME	JOHNSON, JAMES E.	
STREET ADDRESS	P.O. BOX 22287, TAMPA INTERNATIONAL	1.3 STREET ADDRESS	P.O. BOX 22287, TAMPA INTERNATIONAL	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33622-2287	
TITLE	VD	2.1 TITLE	PD	[X] Change [ ] Addition
NAME	PELLY, BRUCE	2.2 NAME	PELLY, BRUCE	
STREET ADDRESS	PALM BEACH INTERNATIONAL-BLDG. 846	2.3 STREET ADDRESS	PALM BEACH INTERNATIONAL-BLDG. 846	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	STD	3.1 TITLE	VD	[X] Change [ ] Addition
NAME	SHEA, TIM	3.2 NAME	SHEA, TIM	
STREET ADDRESS	301 N. DYER BLVD., SUITE 101	3.3 STREET ADDRESS	301 N. DYER BLVD., SUITE 101	
CITY-ST-ZIP	KISSIMMEE FL 34741-4613	3.4 CITY-ST-ZIP	KISSIMMEE, FL 34741-4613	
TITLE	EVD	4.1 TITLE	STD	[X] Change [X] Addition
NAME	COULTER, WILLIAM P	4.2 NAME	FRANK R. MILLER	
STREET ADDRESS	P.O. BOX 929	4.3 STREET ADDRESS	PENSACOLA REGIONAL AIRPORT	
CITY-ST-ZIP	TALLAHASSEE FL 32302	4.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE		5.1 TITLE		[ ] Change [ ] Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		[ ] Change [ ] 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 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: Bill Coulter 2/6/95 (904) 224-2964
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0001011