FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State
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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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/30/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3267136 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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
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	STD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LEWIS, RICHARD K		1.2 NAME		
STREET ADDRESS	1770 SW 60TH AVE		1.3 STREET ADDRESS	2800 N.W. 20 Trail	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	PPD	XX DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, FRANK R		2.2 NAME		
STREET ADDRESS	2430 AIRPORT BLVD, STE 225		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	PPD	☒ Change ☐ Addition
NAME	BOWLING, FAYE H		3.2 NAME		
STREET ADDRESS	150 NORTH ALACHUA STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		3.4 CITY-ST-ZIP		
TITLE	EVD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COULTER, WILLIAM P		4.2 NAME		
STREET ADDRESS	108 EAST JEFFERSON ST. - SUITE A		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	PICCOLO, FREDRICK J		5.2 NAME		
STREET ADDRESS	6000 AIRPORT CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME			6.2 NAME	Jerry L. Sealy	
STREET ADDRESS			6.3 STREET ADDRESS	State Road 85	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Eglin A.F.B., FL 32542	

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 attached sheet with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/17/99 (850) 224-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone
William P. Coulter

CR2E037 (11/98)