2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 01-11-2008 90073 028 ****70.00 DOCUMENT # N98000005241 LOVÉ'S AIRPARK INC. EAA CHAPTER #1236 40002197 Principal Place of Business Mailing Address 3841 SE 158TH CT. 3841 SE 158TH CT. WEIRSDALE, FL 32195 WEIRSDALE, FL 32195 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3550988 City & State City & State Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WASHBURN, LORENE 3841 SE 158TH CT. Street Address (P.O. Box Number is Not Acceptable) WEIRSDALE, FL 32195 Ċity Zip Code FL B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, , 4 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, ST TITLE Delete TITLE Change ☐ Addition NAME WASHBURN, LORENE NAME 3841 SE 158TH CT. STREET ADDRESS STREET ADDRESS CHTY-ST-ZOP WEIRSDALE, FL 32195 CITY-ST-ZIP PD Delete **Change** TITLE TITLE Presiden7 ☐ Addition Richard Krause 15949 SE 176" Place NAME WILLIAMS, HUGH NAME STREET ADDRESS 15928 SE 179TH LANE STREET ADDRESS CITY-ST-ZIP WEIRSDALE, FL 32195 CITY-ST-ZIP weirsdale FL Delete VPT TITLE TITLE **Change** Addition WILSON, PAUL Lori Lepow NAME NAME 17844 5E 159 Are STREET ADDRESS 6460 SE 159TH COURT STREET ADDRESS CITY-ST-ZIP OCKLAWAHA, FL 32179 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

Norma Washburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-09

352-750-5312

FILED Jan 11, 2008 8:00 am

Daytime Phone #