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FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N46444 (8)

1. Corporation Name

EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED  
CHAPTER 077

Principal Place of Business

Mailing Address

RT 18 BOX 601  
LAKE CITY FL 32025  
US

RT 18 BOX 601  
LAKE CITY FL 32025  
US

3. Date Incorporated or Qualified

12/12/1991

4. FEI Number

59-3141366

Applied For

Not Applicable

2. Principal Place of Business

21 RT 18 Box 592

2a. Mailing Address

28 RT 18 Box 592

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKE CITY, FL

City & State

28 LAKE CITY, FL

Zip

24 32025

Country

25 COLUMBIA

Zip

29 32025

Country

30 COLUMBIA

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERA, MARILYN A  
23 AIR PARK LANE  
RR 18 BOX 581  
LAKE CITY FL 32025

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LANDAY, MICHAEL  
STREET ADDRESS RT 18 BOX 601  
CITY-ST-ZIP LAKE CITY FL 32025 ☒ DELETE

TITLE VD  
NAME STEPHENS, JAMES  
STREET ADDRESS RT 18 BOX 601  
CITY-ST-ZIP LAKE CITY FL 32025 ☒ DELETE

TITLE TD  
NAME STEPHENS, JAN  
STREET ADDRESS RT 18 BOX 601  
CITY-ST-ZIP LAKE CITY FL 32025 ☒ DELETE

TITLE S  
NAME LEROY WRIGHT  
STREET ADDRESS RT 18 BOX 630  
CITY-ST-ZIP LAKE CITY FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME HOLLINS, VIRGINIA  
1.3 STREET ADDRESS RT 18 BOX 582  
1.4 CITY-ST-ZIP LAKE CITY, FL 32025 ☒ Change ☐ Addition

2.1 TITLE VD  
2.2 NAME TWING, PAUL  
2.3 STREET ADDRESS RT 18 BOX 634  
2.4 CITY-ST-ZIP LAKE CITY, FL 32025 ☒ Change ☐ Addition

3.1 TITLE TD  
3.2 NAME VASS, THEODORE J.  
3.3 STREET ADDRESS 12 Hillside DR.  
3.4 CITY-ST-ZIP LAKE CITY, FL 32025 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE Virginia Hollins

12/12/1991

CP2E037 (10/97)