

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N46444** ✓

1. Corporation Name

**EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED
CHAPTER 977**

Principal Place of Business

RT 18 ~~BOX 592~~
BOX 592
LAKE CITY FL 32025
US

Mailing Address

RT 18 ~~BOX 592~~
BOX 592
LAKE CITY FL 32025
US

2. Principal Place of Business

2a. Mailing Address

21 RT 18 Box 592, Lake City FL 32025
Suite, Apt. #, etc.

26 RT 18 Box 592
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
12/12/1991

4. FEI Number
59-3141366

Applied For
Not Applicable

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

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

23 City & State
Lake City, FL

28 City & State
Lake City, FL

24 Zip **32025** Country **Columbia**

29 Zip **32025** Country **Columbia**

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 ☐ DELETE

TITLE PD
NAME HOLLINS, V
STREET ADDRESS RT 18 BOX 592
CITY-ST-ZIP LAKE CITY FL 32025

TITLE VD ☐ DELETE

NAME TWING, P
STREET ADDRESS RT 18 BOX 634
CITY-ST-ZIP LAKE CITY FL 32025

TITLE TD ☐ DELETE

NAME VASS, T J
STREET ADDRESS 12 HILLSIDE DR
CITY-ST-ZIP LAKE CITY FL 32025

TITLE S ☒ DELETE

NAME LEROY WRIGHT
STREET ADDRESS RT 18 BOX 630
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia Hollins 7/9/99

Date

904-758-0948

Daytime Phone #

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90001 048 ****61.25

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