Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address 26 3800 Chalet Suzanne Drive

Suite, Apt. #, etc.

LAKE WALES

City & State

DOCUMENT # 622994

CHALET SUZANNE AIR PARK, INC.

Principal Place of Business	Mailing Address
Thicipal Flace of Business	•
319 W STARR AVE	-319-W-STARR AVE
LAKE WALES FL 33853	LAKE WALES FL 33853
US	US

27

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90240 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

05/24/1979 4. FEI Number

59-3015808

Zip	Country	Zip	Cou	ntry		This corporation owes the current year Intangible	
24	25	29 33853	30			Personal Property Tax.	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
IIII DA LA				81	Name	·	
HINSHAW, VITA P.				82 Street Address (P.O. Box Number is Not Acceptable)			
3800 CHALET SÚZANNE DR							
LAK	E WALES FL 33853			83		,	
				84	City	■■ 85 Zip Code	
				3	Ony	FL S Z COURT	
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 Signature: typed or printed harme of registered agent and title if epolecable. (NOTE Registered Agent signature required when rainstating). DATE							
12,	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 111	rle.		☐ Change ☐ Addition	
NAME	HINSHAW, VITA P.		1.2 NA	ME		3	
STREET ADDRESS	3800 CHALET SUZANNE DRIVE		1.3 ST	REET	ADDRESS		
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CIT	ry-st	-ZIP		
TITLE	VDL	☐ DELETE	2.1 TIT			☐ Change ☐ Addition	
NAME	HINSHAW, ERIC C.		2.2 NA	ME	**		
STREET ADDRESS	3800 CHALET SUZANNE DRIVE		2.3 ST	REET	ADORESS .		
CITY-ST-ZIP	LAKE WALES FL 33853		2.4 CI	7Y-51	r-ZIP		
TITLE		☐ DELETE	3.1 111			Change Addition	
NAME			3.2 NA	ME			
STREET ADDRESS			33 ST	REET	ADDRESS		
CITY-ST-ZIP			34 CI	TY-S1	r-ZIP		
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change ☐ Addition	
NAME			4. 2 N	ME			
STREET ADDRESS			4.3 ST	REET	ADORESS		
CITY-ST-ZIP			4.4 CF	ry-st	-ZIP		
TITLE		☐ DELETE	5 1 TIT	LE		☐ Change ☐ Addition	
NAME			5.2 NA	ME			
STREET ADDRESS			53 ST	REET	ADDRESS		
CITY-ST-ZIP			5.4 CIT	ry-st	- ZIP		
TITLE		☐ DELETE	6.1 TiT	LE		Change Addition	
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET	ADDRESS		
CITY-ST-ZIP			64 CF	ry-st	-ZIÞ	•, • .	
	and it that the information cumplied with	this filing does not qualify	for the ever	mntic	on stated in	Section 119 07(3)(i). Florida Statutes, I further certify that the information	

indicated on this annual report or supplied with stilling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati indicated on this annual report or suppliemental 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 trustge empowered to execute this report as required by Chapter 607, 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: