FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

95 FEB -6 PM 12:20

DOCUMENT # 710883 (0)

1. Corporation Name

FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
738 HILLSIDE AVE. LAKE WALES FL 33853	738 HILLSIDE AVE. LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1966
3a. Date of Last Report: 11/21/1994
4. FEI Number: 59-2867783 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOFFMAN, EDWARD JR.
216 S. GEORGE ST.
TARPON SPRINGS FL 33589

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 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: Edward Hoffman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, EDWARD JR.	1.2 NAME	
STREET ADDRESS	216 S. GEORGE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 33589	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHMALE, JOHN K	2.2 NAME	
STREET ADDRESS	46800 DEEP WOODS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL 32767	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S ☐ Change ☐ Addition
NAME	MORRIS, RICHARD F	3.2 NAME	WALTERS, LINN
STREET ADDRESS	1460 47TH AVE. NE	3.3 STREET ADDRESS	1955 VALKARIA Rd.
CITY-ST-ZIP	ST. PETERSBURG FL 33703	3.4 CITY-ST-ZIP	VALKARIA, FL 32950
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, DONALD A	4.2 NAME	
STREET ADDRESS	738 HILLSIDE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DECKER, SHELLY	5.2 NAME	
STREET ADDRESS	1735 MAPLEWOOD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32032	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, HELEN L	6.2 NAME	
STREET ADDRESS	738 HILLSIDE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Donald A Russell 1-25-95 813 676 0617
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060014