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

APPROVED AND FILED
'95 MAR -6 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720716 (0)

1. Corporation Name
FLORIDA AIRPORT MANAGER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
108 EAST JEFFERSON P.O. BOX 929 TALLAHASSEE FL 32302-0929	108 EAST JEFFERSON P.O. BOX 929 TALLAHASSEE FL 32302-0929

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1971
3a. Date of Last Report: 01/13/1994
4. FEI Number: 59-2464844 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

COULTER, WILLIAM P
108 EAST JEFFERSON
TALLAHASSEE FL 32302

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

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	COULTER, WM P
STREET ADDRESS	108 E. JEFFERSON ST.
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	VD
NAME	PELLY, BRUCE
STREET ADDRESS	BLDG 846 - PALM BCH INT'L AIRPORT
CITY-ST-ZIP	W PALM BCH FL
TITLE	STD
NAME	SHEA, TIM
STREET ADDRESS	301 NO DYER BLVD, STE 101
CITY-ST-ZIP	KISSIMMEE FL
TITLE	PD
NAME	JOHNSON, JAMES E
STREET ADDRESS	5401 W. SPRUCE ST.
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	EVD (correction)	☐ Change ☐ Addition
1.2 NAME	COULTER, WM P.	
1.3 STREET ADDRESS	108 E. JEFFERSON ST. - SUITE A	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32301	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME	PELLY, BRUCE	
2.3 STREET ADDRESS	BLDG. 846 - PALM BEACH INT'L. AIRPORT	
2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
3.1 TITLE	VD	☒ Change ☐ Addition
3.2 NAME	SHEA, TIM	
3.3 STREET ADDRESS	301 N. DYER BLVD., SUITE 101	
3.4 CITY-ST-ZIP	KISSIMMEE, FL 34741-4613	
4.1 TITLE	PPD	☒ Change ☐ Addition
4.2 NAME	JOHNSON, JAMES E.	
4.3 STREET ADDRESS	5401 W. SPRUCE STREET	
4.4 CITY-ST-ZIP	TAMPA, FL 33607	
5.1 TITLE	STD	☐ Change ☒ Addition
5.2 NAME	FRANK R. MILLER	
5.3 STREET ADDRESS	PENSACOLA REGIONAL AIRPORT	
5.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: William P. Coulter 2/6/95 (904) 224-2964
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0020000