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 APR 24 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **726285** **(0)**

1. Corporation Name
SUN 'N FUN CHAPTER 454 (EAA), INC.

Principal Place of Business	Mailing Address
4175 MEDULLA RD LAKELAND FL 33811	4175 MEDULLA RD LAKELAND FL 33811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2771964 ☐ 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

FAUX, MARSHA M
2874 MEDULLA RD
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name: VOIGT, MILTON
82 Street Address (P.O. Box Number Is Not Acceptable): 2600 HARDEN BLVD. #75
83
84 City: LAKELAND **FL** 85 Zip Code: 33803

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: Milton Voigt — MILTON VOIGT — 2/13/95
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	STD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FAUX, MARSHA	1.2 NAME	HOUGHTON, JERRY	
STREET ADDRESS	2874 MEDULLA RD	1.3 STREET ADDRESS	18 AQUALANE DR.	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE	PD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MEYLING, FRED	2.2 NAME	PRICE, DONALD	
STREET ADDRESS	4870 SOUTHWIND DRIVE	2.3 STREET ADDRESS	4205 S. MEREDITH DR.	
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HOUGHTON, JERRY	3.2 NAME	VOIGT, MILTON	
STREET ADDRESS	18 AQUALANE DRIVE, SW	3.3 STREET ADDRESS	2600 HARDEN BLVD #75	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE		4.1 TITLE	TD	☒ Change ☐ Addition
NAME		4.2 NAME	JOHNSON, RICHARD	
STREET ADDRESS		4.3 STREET ADDRESS	5132 BLACK BIRCH TRAIL	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Milton Voigt — MILTON VOIGT — 2/13/95 — (813) 682-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR/ANN