

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **734539** (0)

1. Corporation Name

**SUN'N FUN EAA FLY-IN, INC.**

Principal Place of Business

**4175 MEDULLA RD.  
PO BOX 6750  
LAKELAND FL 33807**

Mailing Address

**4175 MEDULLA RD.  
PO BOX 6750  
LAKELAND FL 33807**

**FILED**

**Feb 12, 1996 08:00 AM**

**Secretary of State**



3. Date Incorporated or Qualified  
**12/08/1975**

3a. Date of Last Report  
**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-1875924**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDERSON, BILLY M.  
6430 FORESTWOOD DR. W.  
LAKELAND FL 33811**

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 date of appointment

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>EICKHOFF, WILLIAM</b>	
STREET ADDRESS	<b>415 15TH AVE. N.E.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000 33704</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCLUNG, WILLIAM</b>	
STREET ADDRESS	<b>10318 OUT ISLD DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FLAGG, LYLE</b>	
STREET ADDRESS	<b>111 E JAMES ST.</b>	
CITY-ST-ZIP	<b>BRANDON FL 33510</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STARR, JOHN</b>	
STREET ADDRESS	<b>1120 HALLAMWOOD CT.</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000 33813</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, WILLIAM</b>	
STREET ADDRESS	<b>1524 CLARNDON AVE.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAHLY, RON</b>	
STREET ADDRESS	<b>1320 POWERS DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN B. STARR**

**02/05/96 541 644-2431**

Date

Daytime Phone #

CR2E037 (12/95)