


FILE NOW: FILING FEE IS \$61.25

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Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90113 044 \*\*\*\*\*61.25



NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734539

1. Corporation Name

SUN'N FUN EAA FLY-IN, INC.

Principal Place of Business

Mailing Address

4175 MEDULLA RD.  
PO BOX 6750  
LAKELAND FL 33807

4175 MEDULLA RD.  
PO BOX 6750  
LAKELAND FL 33807

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/08/1975 4. FEI Number 59-1875924 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICKHOFF, WILLIAM	1.2 NAME	
STREET ADDRESS	415 15TH AVE. N.E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLUNG, WILLIAM	2.2 NAME	
STREET ADDRESS	10318 OUT ISLD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAGG, LYLE	3.2 NAME	
STREET ADDRESS	111 E JAMES ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARR, JOHN	4.2 NAME	
STREET ADDRESS	1120 HALLAMWOOD CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000 33813	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, WILLIAM	5.2 NAME	
STREET ADDRESS	1524 CLARNDON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLY, RON	6.2 NAME	
STREET ADDRESS	1320 POWERS DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 JAN 1999 991 644 2431  
Date Daytime Phone #

0056934

CR2E037 (11/98)