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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 748717 (6)

1. Corporation Name

LAKE COUNTY AVIATION ASSOCIATION, INC.

Principal Place of Business

8807 AIRPORT DRIVE
BOX 5
LEESBURG FL 34788
US

Mailing Address

% SUNAIR AVIATION
32650 ECHO DRIVE
LEESBURG FL 34788-4013
US

3. Date Incorporated or Qualified
08/30/1979

3a. Date of Last Report
04/17/1996

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

4. FEI Number
59-1935421

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

KERTZ, JACOB
05005 MAGNOLIA RIDGE RD.
FRUITLAND PARK FL 34731-1208

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 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

TITLE VPD
NAME WELLER, CHARLES
STREET ADDRESS 871 SAFE HARBOUR DR
CITY-ST-ZIP OCOCHEE FL ☐ DELETE

TITLE PD
NAME SAVAGE, BEULAH M
STREET ADDRESS 1501 FLORADEL AVE
CITY-ST-ZIP LEESBURG FL ☐ DELETE

TITLE SD
NAME KERTZ, JACOB
STREET ADDRESS 05005 MAGNOLIA RIDGE RD
CITY-ST-ZIP FRUITLAND PK FL ☐ DELETE

TITLE TD
NAME MAYO, LEO
STREET ADDRESS 318 MAGNOLIA DR
CITY-ST-ZIP FRUITLAND PK FL ☐ DELETE

TITLE VPD
NAME BRODIN, ROBERT J
STREET ADDRESS PO BOX 1292
CITY-ST-ZIP FRUITLAND PK FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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: *LEO MAYO* 1-28-97 7487-7623

CR2E037 (9/96)