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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 FEB 17 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748803 (4)

1. Corporation Name

FLORIDA CHAPTER OF THE ANTIQUE AIRPLANE ASSOCIAT ION, INC.

Principal Place of Business	Mailing Address
691 QUIETWATER COVE P.O. BOX 61 ALTAMONTE SPRINGS FL 32701 US	691 QUIETWATER COVE P.O. BOX 61 ALTAMONTE SPRINGS FL 32701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0128561 ☐ 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 (NO) P.O. BOX	Suite, Apt. #, etc. 27 (NO) P.O. BOX
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COYNERS, JAMES B. JR.
691 QUIETWATER COVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

31 Name: CONYERS
32 Street Address (P.O. Box Number is Not Acceptable):
33
34 City: FL 35 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LASKO, PETER	1.2 NAME	
STREET ADDRESS	18801 CROSSWIND AVE., NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	CONYERS, JAMES B.	2.2 NAME	
STREET ADDRESS	691 QUIETWATER COVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	V ☒ Change ☐ Addition
NAME	MORRIS, GENE	3.2 NAME	WENZ, PAUL
STREET ADDRESS	P.O. BOX 148 N/A	3.3 STREET ADDRESS	6 AIRPORT RD
CITY-ST-ZIP	BRADENTON FL 34206	3.4 CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, GENE	4.2 NAME	
STREET ADDRESS	BOX 148 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	TAYLOR, NORMAN	5.2 NAME	KIMBALL, JIM
STREET ADDRESS	P.O. BOX 2114 N/A	5.3 STREET ADDRESS	P.O. BOX 849 N/A
CITY-ST-ZIP	ARCADIA FL 33821	5.4 CITY-ST-ZIP	ZELLWOOD, FL 32798
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LAYMON, DAN	6.2 NAME	
STREET ADDRESS	P.O. BOX 2114 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	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: James B. Conyers, Jr. 25 JAN'95 407-859-7410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000611