FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 PM 9:14

DOCUMENT # **F06925** **(4)**

1. Corporation Name
MID-FLORIDA AT EUSTIS, INC.

Principal Place of Business	Mailing Address
MID-FLORIDA AIRPORT. HWY 44 B P O BOX 1351 EUSTIS FL 32727-8351	MID-FLORIDA AIRPORT. HWY 44 B P O BOX 1351 EUSTIS FL 32727-8351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/25/1980
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 1351	26 P.O. Box 1351
22 Suite, Apt. #, etc. Eustis, Fl	27 Suite, Apt. #, etc. Eustis, Fl
23 City & State 32727	28 City & State 32727
24 Zip / 25 Country Lake	29 Zip / 30 Country Lake

4. FEI Number: 59-2045383 ☐ 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

SPIKES, BILLY G.
MID-FLORIDA AIRPORT, HWY 44 B
EUSTIS FL 32727

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	THIBAULT, MICHAEL L	1.2 NAME	
STREET ADDRESS	9000 NE 120TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	SPIKES, BILLY G	2.2 NAME	
STREET ADDRESS	MID-FLORIDA AIRPORT	2.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 32726	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	SPIKES, BETTY J.	3.2 NAME	
STREET ADDRESS	MID-FLORIDA AIRPORT	3.3. STREET ADDRESS	
CITY-ST-ZIP	EUSTIS, FL 32726	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Billy Spikes President 5-24-95 904-3832917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414513 FP