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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:49

DOCUMENT # **G15058** **(2)**

1. Corporation Name
SANDY CREEK AIRPARK, INC.

Principal Place of Business	Mailing Address
C/O BLEASE, LLOYD & COMPANY 1500 SAN REMO AVENUE, SUITE 239 CORAL GABLES FL 33146-3047 US	C/O BLEASE, LLOYD & COMPANY 1500 SAN REMO AVENUE, SUITE 239 CORAL GABLES FL 33146-3047 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1982
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2264822 ☐ 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
HUGHEY, BONNIE J. C/O BLEASE, LLOYD & COMPANY 1500 SAN REMO AVENUE, SUITE 239 CORAL GABLES FL 33146	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 reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	YOUNG, DAVID F.	12 NAME	
STREET ADDRESS	1500 SAN REMO AVE, #245	13 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	HUGHEY, BONNIE J.	22 NAME	
STREET ADDRESS	1500 SAN REMO AVE, #239	23 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	HUGHEY, BONNIE J	32 NAME	
STREET ADDRESS	1500 SAN REMO AVE #239	33 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	
TITLE	~~VP~~	41 TITLE	Delete Officer ☒ Change ☐ Addition
NAME	~~TAYLOR, SANDRA~~	42 NAME	
STREET ADDRESS	~~1311 PARK WAY~~	43 STREET ADDRESS	
CITY ST ZIP	~~PANAMA CITY FL~~	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☒ Change ☐ Addition
NAME	YOUNG, JUDITH C	52 NAME	
STREET ADDRESS	1500 SAN REMO AVE ~~STE 237~~	53 STREET ADDRESS	Suite 245
CITY ST ZIP	CORAL GABLES FL	54 CITY ST ZIP	
TITLE		61 TITLE	S ☐ Change ☒ Addition
NAME		62 NAME	Young, Judith C.
STREET ADDRESS		63 STREET ADDRESS	1500 San Remo Avenue, Suite 245
CITY ST ZIP		64 CITY ST ZIP	Coral Gables, Florida 33146

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: Bonnie J. Hughey April 5, 1995 (305)666-0000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Bonnie J. Hughey, Vice President

0160225 CP