

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 AM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H47272 (0)

1. Corporation Name:

AIRPORT MANAGEMENT ASSOCIATES, INC.

Principal Place of Business:

**31017 AIRWAY RD.,
LEESBURG FL 34748**

Mailing Address:

**31017 AIRWAY RD.,
LEESBURG FL 34748**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/14/1985

3a. Date of Last Report
05/01/1994

2. Principal Place of Business:

21

2a. Mailing Address:

26

4. FEI Number
59-2716706

Applied For
☐ Not Applicable

State Apt # etc.

State Apt # etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

City

County

City

County

8. This corporation has liability for intangible tax under S. 199.013
Florida Statutes. ☒ Yes ☐ No

24

25

28

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, RICHARD
31017 AIRWAY RD.,
LEESBURG FL 34748**

81

McLin, Walter S. III

82

Street Address (If Not Applicable)

83

1000 West Main Street

84

Leesburg

FL

85

34748

11. Pursuant to the provisions of Sections 600.06(1) and 600.15(1)(b) 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 a resident of the State of Florida and the office of the corporation is located in the State of Florida.

SIGNATURE

[Signature]

Walter S. McLin, III

X 4-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D
2. NAME	CALHOUN, JERRY
3. STREET ADDRESS	31017 AIRWAY RD.
4. CITY & STATE	LEESBURG FL
5. NAME	TD
6. NAME	MURPHY, RICHARD
7. STREET ADDRESS	31017 AIRWAY RD
8. CITY & STATE	LEESBURG FL
9. NAME	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

1. NAME		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY & STATE		
5. NAME		☒ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY & STATE		
9. NAME		
10. NAME		
11. STREET ADDRESS		
12. CITY & STATE		
13. NAME		
14. NAME		
15. STREET ADDRESS		
16. CITY & STATE		
17. NAME		
18. NAME		
19. STREET ADDRESS		
20. CITY & STATE		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.01(1)(b) Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 600, Florida Statutes, and that my name appears in Block 12 or Block 13 if a change of name or addition of name is being made.

SIGNATURE: **X**

[Signature]

Keith Padgett

X 4-27-95

904728-0749

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1399

Registered Officer