

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 JUN -8 AM 9: 37

DOCUMENT # N01118 (1)

1. Corporation Name

CHAPTER 813 OF THE EXPERIMENTAL AIRCRAFT ASSOCIA
TION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 420681
KISSIMMEE FL 34742

P.O. BOX 420681
KISSIMMEE FL 34742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1984 3a. Date of Last Report 02/18/1994

4. FEI Number 23-7414859 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 unchanged

26 unchanged

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARNEY, JOHN T.
4059 TERWOOD AVENUE
ORLANDO FL 32808

81 Name

unchanged

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JONES, C.H.
STREET ADDRESS	P O BOX 423487 N/A
CITY - ST - ZIP	KISSIMMEE FL
TITLE	VD
NAME	OLSON, ROBERT L.
STREET ADDRESS	2625 CANOE CREEK RD.
CITY - ST - ZIP	ST. CLOUD FL
TITLE	SD
NAME	TILESTON, THOMAS S.
STREET ADDRESS	1775 GROVE CT.
CITY - ST - ZIP	KISSIMMEE FL
TITLE	T
NAME	STEWART III, GEORGE
STREET ADDRESS	1160 PINEAPPLE WAY
CITY - ST - ZIP	KISSIMMEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	President-Director	☒ Change ☐ Addition
1.2 NAME	OLSON, ROBT. L	
1.3 STREET ADDRESS	2625 Canoe Creek Road	
1.4 CITY - ST - ZIP	St. Cloud, FL 34772	☒ Change ☐ Addition
2.1 TITLE	Vice-President-Director	
2.2 NAME	LOREN PETERS	
2.3 STREET ADDRESS	2336 Oak Leaf Lane	
2.4 CITY - ST - ZIP	Kissimmee, FL 34744	☐ Change ☐ Addition
3.1 TITLE	SECRETARY -Director	
3.2 NAME	same	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	TREASURER	☐ Change ☐ Addition
4.2 NAME	same	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

George Stewart III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE STEWART III

JUNE 2, 1995

1-407-933-8570