

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Normann Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05920 (6)

1. Corporation Name

1708TH FERRYING WING ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 28 11 8: 58

Principal Place of Business	Mailing Address
17881 SW 113TH CT. MIAMI FL 33157	17881 SW 113TH CT. MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/30/1984	3a. Date of Last Report 01/25/1994
4. FEI Number 59-2466081	Applied For ☐ Not Applicable

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

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	

9. Name and Address of Current Registered Agent	
DAVIS, ERNEST DANIEL 17881 SW 113TH CT MIAMI FL 33157	

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Ernest D. Davis* ST DATE: **13 JAN 95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P.D.	1.1 TITLE	President
NAME	STRAIT, ROBERT A	1.2 NAME	Tommy F. Butler
STREET ADDRESS	11372 SE 175TH LANE	1.3 STREET ADDRESS	118 APPROACH DR
CITY-ST-ZIP	SUMMERFIELD FL	1.4 CITY-ST-ZIP	HAGERSON, AR 72601
TITLE	P.D.	2.1 TITLE	
NAME	NORDIN, GLENN L	2.2 NAME	
STREET ADDRESS	10329 VIGILANTE TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	DAVIS, ERNEST D.	3.2 NAME	
STREET ADDRESS	17881 SW 113TH CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HERRY, CALE C.	4.2 NAME	
STREET ADDRESS	12529 IROQUOIS PL NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	YOUNG, WILLIAM B	5.2 NAME	
STREET ADDRESS	304 WOODLAND DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	TOEDT, DELL C.	6.2 NAME	
STREET ADDRESS	7830 BLUE MIST MT. RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX	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 110.07(3)(h), 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 my attachment with an address.

SIGNATURE: *Ernest D. Davis* **13 JAN 95** **305-230-3792**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ERNEST D. DAVIS, SR