FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N12906 (6)

1. Corporation Name
SEMINOLE AVIATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O DAVID L PRESNELL ~~1943 BRAINED COURT~~ ~~LUTZ FL 33549~~ ~~US~~	C/O DAVID L PRESNELL ~~1943 BRAINED COURT~~ ~~LUTZ FL 33549~~ ~~US~~

3. Date Incorporated or Qualified: 12/12/1985
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business	2a. Mailing Address
21 3001 58th Ave. South	26 PO Box 21271
Suite, Apt. #, etc. 22 #1010	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, FL	City & State 28 Tampa, FL
Zip / Country 24 33712-4625 / 25 USA	Zip / Country 29 33622-1271 / 30 USA

4. FEI Number: NOT APPLICABLE ☐ 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

~~LANSBERY, PETE~~ LANSBERY, PETE
~~8725 DELRAY CT, APT 10A~~
~~TAMPA FL 33617~~

10. Name and Address of New Registered Agent

81 Name ~~LANSBERY, PETE~~
82 Street Address (P.O. Box Number is Not Acceptable) 231 Glen Oaks Ave.
83 I-102
84 City Tampa FL 33617

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRESNELL, DAVID L ~~1943 BRAINED COURT~~ ~~LUTZ FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T/S/D David L. Presnell 2390 66th Ave. South St. Petersburg, FL 33712	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~PRESNELL, DAVID~~ ~~1943 BRAINEND CT~~ ~~LUTZ FL~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V/D Mellor, David 1214 Four Seasons Blvd. Tampa, FL 33613-2324	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANSBERY, PETE ~~8725 DELRAY CT APT 10A~~ ~~TAMPA FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	231 Glen Oaks Avenue, #~~1010~~ I-102 Tampa, FL 33617	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: David L. Presnell DAVID L. PRESNELL TREASURER 29 April 96 (813) 289-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #