

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90097 041 ****61.25

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DOCUMENT # N12906

1. Corporation Name

SEMINOLE AVIATION ASSOCIATION, INC.

Principal Place of Business

6908 SUMMERBRIDGE DRIVE
TAMPA FL 33634-2255
US

Mailing Address

6908 SUMMERBRIDGE DRIVE
TAMPA FL 33634-2255
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/12/1985

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

9. Name and Address of Current Registered Agent

~~LANSBERRY, PETE~~
~~5602 ANTIGUA DRIVE~~
~~ZEPHYRHILLS FL 33541-0764~~

Tom McLinskey
5610 Kenny Drive
Tamp FL 33617

10. Name and Address of New Registered Agent

81 Name Tom McLinskey

82 Street Address (P.O. Box Number is Not Acceptable)

83 5610 Kenny Drive

84 City Tampa

FL

85 Zip Code 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

Tom McLinskey

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 24 99

12. OFFICERS AND DIRECTORS

TITLE TD
NAME ~~PRESNELL, DAVID L.~~ Tom McLinskey
STREET ADDRESS ~~2090 80TH AVENUE S.~~
CITY-ST-ZIP ~~ST. PETERSBURG FL~~

TITLE PD
NAME BAGGETT, J
STREET ADDRESS 6815 DAIRY RD
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE VD
NAME HENWOOD, C
STREET ADDRESS 2701 JETTON AVENUE
CITY-ST-ZIP TAMPA FL 33629

TITLE D
NAME HANSMA, D
STREET ADDRESS 3110 LK ELLEN DR
CITY-ST-ZIP TAMPA FL 33618

TITLE D
NAME KNAPP, R
STREET ADDRESS 12350 THONOTTOSASSA RD
CITY-ST-ZIP THONOTTOSASSA FL 33572

TITLE D
NAME HOLT, L
STREET ADDRESS 3860 CENTENNIAL RD
CITY-ST-ZIP DADE CITY FL 33525

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Tom McLinskey ☒ Change ☐ Addition
1.2 NAME 5610 Kenny Drive TDS
1.3 STREET ADDRESS Tampa FL 33617
1.4 CITY-ST-ZIP

2.1 TITLE PD ☐ Change ☐ Addition
2.2 NAME Harry McKay
2.3 STREET ADDRESS 8412 Tupelo Dr
2.4 CITY-ST-ZIP Tampa FL 33637

3.1 TITLE Tom McLinskey ☒ Change ☐ Addition
3.2 NAME 5610 Kenny Dr VD
3.3 STREET ADDRESS Tampa FL 33617
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
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 hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99

Date

813-988-4540

Daytime Phone #

CR2E037 (11/98)