LYLE R. OR VIVIAN FLAGG 01-66
[illegible] #13 [illegible]-3393
111 EAST JAMES STREET
BRANDON, FL 33511

924

Nov 15 1985 63-658/631

PAY TO THE ORDER OF Secretary of State $38 00/100

Thirty eight — 00/100 DOLLARS

Sun Bank of Tampa Bay

30 filing fee
FOR Div of Corps & 5 in certified [illegible]

Lyle R. Flagg

⑆063106569⑆ 3600100309131⑈ 0924

DC6 3233 11/26/85 30.00

DC6 3233 11/26/85 5.00

DC6 3233 11/26/85 3.00

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N12906

T00285147487

EFFECTIVE DATE
December 12, 1985

FILED
1985 DEC 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W26080 3,80,144

Name Availability	[illegible] 12-2
Document Examiner	[illegible] (LA)
Updater	[illegible]
Update Verifyer	[illegible]
Acknowledgement	[illegible]
W.P. Verifyer	

NON-PROFIT CORP.
FILING ______ $30
C. COPY ______ 5
R. AGENT ______ 3
TOTAL ______ $38
BALANCE DUE $ ______
REFUND $ ______

3, 62(1X), 107, 152

FLORIDA DEPARTMENT OF STATE

George Firestone
Secretary of State

D.W. McKinnon, Director
Division of Corporations
904/488-9636

Mrs. Nettie Sims, Chief
Bureau of Corporate Records
904/488-9383

December 3, 1985

Lyle R. Flagg
111 East James Street
Brandon, FL 33511

SUBJECT: SEMINOLE AVIATION ASSOCIATION, INC.
Reference: W26080

Dear Mr. Flagg:

We have received your document for the above corporation and your check(s) totaling $38.00. However, the document has not been filed and is being returned for the following:

The effective date is not acceptable since the articles were not received within five days of the date of subscription and acknowledgement.

Please let us have a response to this letter within the next sixty days. If you have questions concerning the filing of your document, please call (904) 488-9005.

Sincerely,

Karen Gibson

Karen Gibson
Document Examiner
Non-Profit Section

KG:krg

December 12, 1985

As per our telephone conversation this date, the date has been changed. Thanks for all your help.

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State

RECEIVED
JAN 7 12 01 PM '86
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MRM JAN 1986

D.W. McKinnon, Director
Division of Corporations
904/488-9636

Mrs. Nettie Sims, Chief
Bureau of Corporate Records
904/488-9383

December 23, 1985

Lyle R. Flagg
111 E. James St.
Brandon, Florida 33511

SUBJECT: SEMINOLE AVIATION ASSOCIATION, INC.
Reference: W26080

Dear Mr. Flagg:

We have received your document for the above corporation and your check(s) totaling $38.00. However, the document has not been filed and is being returned for the following:

All of the incorporator(s)-subscriber(s) signing the Articles of Incorporation should be listed in Article IX along with their addresses.

Please accept our apologies for having failed to mention this in our previous letter. We tried to reach you by phone but were not able to do so.

Please let us have a response to this letter within the next sixty days. If you have questions concerning the filing of your document, please call (904) 488-9005.

Sincerely,

Brenda Tadlock

Brenda Tadlock
Corporate Document Supervisor
Non-Profit Section

BLT:blt

Brenda:
I have had mr. Steve Perry
sign under article IX. as requested and
discussed with you on the phone 12-31-85.
Hope this takes care of everything
Lyle Flagg
12-31-85

FILED
1985 DEC 12 PM 4 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a Corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation for such corporation:

EFFECTIVE DATE
December 12, 1985

ARTICLE I

The name of the corporation is:

Seminole Aviation Association, Inc.

and the initial principal address of the corporation is:

8416 Tupelo Drive, Tampa, Fl 33617

ARTICLE II

The period of the duration of this corporation is indefinite (perpetual)

unless dissolved according to law. Corporate existence shall commence upon December 12, 1985

ARTICLE III

The purpose or purposes for which the corporation is organized are:

Aviation education, flying safety and advancement of flying opportunities.

ARTICLE IV

The qualifications for members and the manner of their admission are:

Membership in good standing of Experimental Aircraft Association and Experimental Aircraft Association Chapter 175.
Subscribes to the purposes of the Associations.

ARTICLE V

The street address and city of the initial registered office of the corporation is same as above.

and the name of its initial registered agent at such address is Ferdinand Koetz

CNP 1 (2/83)

ARTICLE VI

The number of the members constituting the initial Board of Directors of the corporation is 4 and the names and addresses of the persons who are to serve as the initial directors are:

(NOT LESS THAN 3)

NAME		ADDRESS
1. Ferdinand Koetz, President	(813) 985-5188	8416 Tupelo Dr. Tampa, Fl 33617
2. Lyle R. Flagg, Vice President	(813) 689-3393	111 E. James Street Brandon, Fl 33511
3. Steve Perry, Secretary/Treasurer	(813) 681-9704	503 Murcott Pl. Valrico, Fl 33594
4. Leonard McGinty, Supt. of Flight	(813) 986-1298	878 Main St. Thonotosassa, Fl 33592

ARTICLE VII

This corporation is organized under a non-stock basis. Yes

ARTICLE VIII

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or Local government for exclusive public purpose. Experimental Aircraft Association Chapter 175, Brandon Airport, Brandon, Fl 33511

ARTICLE IX

The name and address of each incorporator is:

NAME		ADDRESS	Telephone
Robert C. Berube	Robert C. Berube	806 Oak Regency Ln, Brandon, Fl 33511	(813) 681-4063
Claudeen H. Boyd	Claudeen H. Boyd	2221 S. Kings, Brandon, Fl 33511	(813) 689-3096
Jack Carr	Jack Carr	P. O. Box 613, Plant City, Fl 33566	(813) 752-0833
Gail Crowley	Gail Crowley	10711 Dixon Dr., Riverview, Fl 33569	(813) 677-7018
Jim Crowley	Jim Crowley	10711 Dixon Dr., Riverview, Fl 33569	(813) 677-7018
Lyle R. Flagg	Lyle R. Flagg	111 E. James Street, Brandon, Fl 33511	(813) 689-3393
Bud Koetz	Bud Koetz	8416 Tupelo Dr., Tampa, Fl 33617	(813) 985-5188
Leonard McGinty	Leonard McGinty	10201 Main St., Thonotosassa, Fl 33601	(813) 986-1298
Polly McLean	Polly McLean	902 Old Darby St., Seffner, Fl 33584	(813) 681-4698
G. Howard Rhyne	G. Howard Rhyne	P. O. Box 1276, Fernandina Bch., Fl	(904) 261-8270
Jack Sharkey	Jack Sharkey	6712 N. Willow, Tampa, Fl 33604	(813) 932-8333
Vic Sharpe	Vic Sharpe	11564 Monette Rd., Riverview, Fl 33569	(813) 677-3410
Steve Perry	Steve Perry	503 Murcott Pl., Valrico, Fl 33594	(813) 681-9704

Dated the 27th day of October 19 85

IN WITNESS WHEREOF, the undersigned being the incorporator(s) of this corporation have executed these Articles of Incorporation.

Signature(s) of Incorporator(s)

813-935-3158 _____

813-684-3393 _____

813-681-9704 _____

813-986-1248 _____

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above named corporation at a place designated in these Articles of Incorporation, I hereby accept to act in this capacity, and agree to comply with the provision of Chapter 48.091, Florida Statutes, relative to keeping open said office for service of process.

_____

Registered Agent

CNP 1 (2/83)

STATE OF FLORIDA)
) SS.:
COUNTY OF Hillsborough)

Before me, the undersigned authority, personally appeared Lyle R. Flagg Lyle R. Flagg

to me well known to be the person(s) who executed the foregoing Articles of Incorporation and acknowledged before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 28th day of October, 19 85.

Judy M. Peterson
Notary Public

Notary Public, State Of Florida At Large
My Commission Expires Sept. 20, 1988
Bonded By AFBD Insurance Company of America

My commission expires:

CNP 1 (2/83)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT
1986

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

86 APR -8 PM 1:05

◄ Read Notice and Instructions on Other Side Before Making Entries ►
Filing Fee of $20 Required -- Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office:

N12906 6
SEMINOLE AVIATION ASSOCIATION, INC.
% FERDINAND KOETZ
8416 TUPELO DR
TAMPA, FL 33617

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 Enter Change of Address or Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P O Box No 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida: 12/12/1985

4 Federal Employer Identification Number (FEIN)

5 Date of Last Report: 12-12-85

6 Name and Street Addresses of Each Officer and Director as of December 31 1985

1 Names of Officers and Directors	2 Title	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State	5
KOETZ, FERDINAND	P/D	8416 TUPELO DR	TAMPA, FL	
FLAGG, LYLE R	V/D	111 E JAMES ST	BRANDON, FL	
PERRY, STEVE	S/T/D	503 MURCOTT PL	VALRICO, FL	
MOGINTY, LEONARD	D	878 MAIN ST	THONOTOSASSA, FL	

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

KOETZ, FERDINAND
8416 TUPELO DR
TAMPA, FL 33617

8 Name and Address of New Registered Agent

Name 81: Ferdinand Koetz

Street Address (Do NOT Use P.O. Box No. Only) 82: 8416 Tupelo Drive

City and State 83: Tampa, FL

Zip Code 84: 33617

9 Pursuant to the provisions of Section 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

$1.00 additional fee required for Registered Agent changes.

10 See signature restrictions under instructions on reverse side of this form.

I Certify That An Authorized Officer of the Corporation, Or Person Empowered To Execute This Report as Required by Chapter 607, F.S.
I Further Certify That My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officers or no more than one name in Block 6)

Signature: Ferdinand C Koetz

Date: 4-3-86

Typed Name of Signing Officer: FERDINAND KOETZ

Title: PRESIDENT

Telephone Number: (813) 985-5158

11 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT

1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

FILED

87 APR -8 AM 11:52

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

N12906
SEMINOLE AVIATION ASSOCIATION, INC.
% FERDINAND KOETZ
8416 TUPELO DR
TAMPA, FL ~~33617~~

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21: Same

P.O. Box No. 22:

City and State 23: SAME

Zip Code 24: 33637

3. Date Incorporated or Qualified To Do Business in Florida: 12/12/1985

4. Federal Employer Identification Number: N/A

5. Date of Last Report: 04/09/1986

6. Names and Street Addresses of Each Officer and Director as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
KOETZ, FERDINAND	P/D	8416 TUPELO DR	TAMPA, FL
FLAGG, LYLE R	V/D	111 E JAMES ST	BRANDON, FL
~~PERRY, STEVE~~	~~S/T/D~~	~~603 ...~~	~~VALRICO, FL~~
~~MCGINTY, LEONARD~~	~~D~~	~~878 MAIN ST~~	THONOTOSASSA, FL
HARRY McKAY	T/D	8412 TUPELO DR.	TAMPA, FL.
TOM McLINSKEY	S/D	5610 KENNY DR	TAMPA, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

KOETZ, FERDINAND
8416 TUPELO DR
TAMPA, FL ~~33617~~

8. Name and Address of New Registered Agent

Name 81: SAME

Street Address (Do NOT Use P.O. Box Number) 82: SAME

City and State 83: SAME FL.

Zip Code 85: 33637

9. Pursuant to the provisions of Sections 607.034 and 617.0..., Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on ______

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE ______ (Registered Agent Accepting Appointment) DATE ______

$5.00 additional fee required for Registered Agent changes.

I Hereby Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. ... And That My Signature Shall Have the Same Legal Effect As If Made Under Oath.

Signature: [signature]

Date: 3/30/87

Typed Name of Signing Officer: FERDINAND KOETZ

Title: President

Telephone Number: 813-985-5188

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (11/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

APPROVED AND FILED

1988 MAY -4 PM 3:04

SECRETARY OF STATE CORPORATIONS DIVISION TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

N12906
SEMINOLE AVIATION ASSOCIATION, INC.
% FERDINAND KOETZ
8416 TUPELO DR
TAMPA, FL 33637

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

5610 Kenny Dr.
Street Address 21: c/o Tom McLinskey
P.O. Box No. 22
Tampa, FL 3
City and State 23
33617
Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 12/13/1985

4. Federal Employer Identification Number (FEIN):

5. Date of Last Report: 04/06/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1	~~KOETZ, FERDINAND~~ McLinskey, Thomas	P/D	~~8416 TUPELO DR~~ 5610 Kenny Dr.	TAMPA, FL
2	~~FLAAG, LYLE R~~ [illegible]	V/D	~~[illegible] JAMES ST~~ 12456 Kelso Rd.	~~BRANDON, FL~~ [illegible], FL
3	MCKAY, HARRY	T/D	8412 TUPELO DR.	TAMPA, FL.
4	MCLINSKEY, TOM	S/D	5610 KENNY DR.	TAMPA, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

KOETZ, FERDINAND
8416 TUPELO DR
TAMPA, FL 33637

8. Name and Address of New Registered Agent

Name 31: Tom McLinskey
Street Address 1 (Do NOT Use P.O. Box Number) 32: 5610 Kenny Dr.
Street Address 2 (Do NOT Use P.O. Box Number) 33:
City and State 34: Tampa FL
Zip Code 35: 33617

9. Pursuant to the provisions of Sections 607.034 and 607.097, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on
I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.325 F.S.

SIGNATURE: Thomas McLinskey (Registered Agent Accepting Appointment) DATE 24 April 1988

10. If a foreign corporation, date first transacted business in Florida

11. See signature instructions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.
(Officer or Director signing must be listed in Block 6.)

Signature: Thomas McLinskey
Date: 24 April 1988

Typed Name of Signing Officer or Director: Thomas McLinskey
Title: President
Telephone Number: 813 988-6924

12. Should the above status a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee Required for a Certificate of Status

FILE NOT ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

JUN 20 8 08 AM '89

Read Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

ZIP + 4

N12906 6
SEMINOLE AVIATION ASSOCIATION, INC.
% TOM MCLINSKEY
5610 KENNY DRIVE
TAMPA, FL 33617-7711

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address or Corporation Principal Office. (This Designation is NOT Required)

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 12/12/1985

4. Federal Employer Identification Number: N/A NON-PROFIT

5. Date of Last Report: 05/04/1988

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
P/D	MCLINSKEY, THOMAS	5610 KENNY DRIVE	TAMPA, FL
V/D	COOPER, JAMES	12428 KELSO ROAD	THONOTOSASSA, FL.
T/D	MCKAY, HARRY	8412 TUPELO DR.	TAMPA, FL.
D	MCLINSKEY, TOM	5610 KENNY DR.	TAMPA, FL.

$350.00 Accepted 5/05/89 CC NBAS

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:

MCLINSKEY, THOMAS
5610 KENNY DRIVE
TAMPA, FL 33617

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84: FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.534 and 607.1 Florida Statutes, the above-named corporation incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or its registered agent, or both, in the State of Florida.

Such change was authorized by resolution duly adopted by its board of directors on

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 FS.

SIGNATURE (Registered Agent Accepting Appointment) DATE

10. If foreign corporation, state first authorized business in Florida

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Trustee or Trustee Empowered to Execute This Report as Required by Chapter 607 FS.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer or Director signing must be listed in Block 6.)

Signature: Thomas McLinskey Date: 5-9-89

Typed Name of Signer, Officer or Director: Thomas McLinskey Title: President Telephone Number: 813-988-6924

12. Should you desire a certificate of status check the box:

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
90 APR 11 PM 1:15

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

N12906 6

ZIP + 4 PRESORT

SEMINOLE AVIATION ASSOCIATION, INC.
% TOM MCLINSKEY
5610 KENNY DRIVE
TAMPA, FL 33617-7711

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by using an amendment.

Street Address 2a: 8412 TUPELO DR.
P.O. Box No. 2b: c/o HARRY MCKAY
City and State 2c: TAMPA, FLA.
Zip Code 2d: 33637

3. Date Incorporated or Qualified To Do Business in Florida: 12/12/1985

4. FEI Number: NOT APPLICABLE

FEI Number Applied For / FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director (Do not use any abbreviated title or P.O. box. Use complete information.)

Type 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number) 3	City and State 4 / 5
1 P/D	MCLINSKEY, THOMAS	5610 KENNY DRIVE	TAMPA, FL
2 ~~V/D~~	~~COOPER, JAMES~~ This seat is open/No Vice Pres Lmt. Delete Above	~~12428 KELSO ROAD~~	~~THONOTOSASSA, FL~~
3 T/D	MCKAY, HARRY	8412 TUPELO DR.	TAMPA, FL.
4 D	MCLINSKEY, TOM	5610 KENNY DR.	TAMPA, FL.
5			
6			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

MCLINSKEY, THOMAS
5610 KENNY DRIVE
TAMPA, FL 33617

8. Name and Address of New Registered Agent

Name 8a:
Street Address 1 (Do NOT Use P.O. Box Number) 8b:
Street Address 2 (Do NOT Use P.O. Box Number) 8c:
City and State 8d: FL
Zip Code 8e:

9. Pursuant to the provisions of Sections 607.034 and 607.1007, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its Board of Directors on _____

I hereby confirm the appointment of registered agent. I am familiar with and accept the obligations of Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. I 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; I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, F.S.

Signature: Thomas McLinskey Date: 11 FEB 1990

Type or Print Name of Signing Officer or Director: THOMAS McLINSKEY
Title: President
Daytime Telephone Number: 813-968-6924

Would you like a certificate of status at this time?

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1992

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED
FEB28'92

Read Instructions on Other Side Before Making Entries

FILING FEE $61.25 Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation: DOCUMENT # N12906 (6)

SEMINOLE AVIATION ASSOCIATION, INC.
C/O HARRY MCKAY
8412 TUPELO DR.
TAMPA FL 33637-6456

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can't be changed on this form.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 12/12/1985

3a. Date of Last Report: 04/17/1991

4. FEI Number: NOT APPLICABLE

FEI Number Applied For

FEI Number Not Applicable

5. $8.75 Additional Fee required for a Certificate of Status — CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1	~~T/D~~	~~MCKAY, HARRY~~	~~8412 TUPELO DR.~~	~~TAMPA, FL.~~
2	~~D~~	~~MCLINSKEY, TOM~~	~~5610 KENNY DR.~~	~~TAMPA, FL.~~
3	P/D	LANSBERY, PETE	8725 DELRAY CT APT 10A	TAMPA, FL
4	T/D	BARRY COLE	4604 Brownwood Ct.	TAMPA FL 33624
5	S/D	JERRY DEAN	601 TOMAHAWK TH.	Brandon FL 33511
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City: FL. | 85 Zip Code

9. [illegible]

SIGNATURE ______________________ DATE ________
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

11. [illegible]

SIGNATURE Pete Lansbery 2-24-91

PETE LANSBERY PRESIDENT (813) 989-3173

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee. ☐

File Now. Filing Fee after May 1 is $225.00

APPROVED
DEC. OF STATE
TALLAHASSEE, FLA.
FILED

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12906 (6)

1. Name and Mailing Address of Corporation

SEMINOLE AVIATION ASSOCIATION, INC.
C/O ~~MARINE AGENCY~~ BARRY L. COLE
~~1611 SCOFIELD DR~~ 4604 BROWNWOOD CT
~~TAMPA FL 33607-5486~~ TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line out and enter correction in 1b or 2

1a. Date Incorporated or Qualified: 12/12/1985
1b. Date of Last Report: 02/28/1992

FILING FEE $200.00

ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: NOT APPLICABLE

Address Chg
Not Applicable

2. Mailing Address
21 C/O Barry L. Cole
22 4604 Brownwood Ct
23 Tampa, FL
24 Zip 33624 25 Country USA

2a. Principal Place of Business
26
27
28
29 Zip
30 Country

5. Certificate of Status Desired ☐ — $8.75 Fee Required

6. Document Company Financial Trust Funds Controller ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X — $138.75 Supplemental Fee Not Required

8. This corporation has made the election to be taxed under S. 1361 of the Internal Revenue Code: Florida Statutes ☐ Yes X No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is NOT Acceptable)
33
34 City FL 35 Zip Code 36 County

11. Pursuant to the provisions of Section 607.1005 and 617.1005 or Section 617.0502 and 617.1502, Florida Statutes, the above named corporation submits this report 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, Trustees or Members as required by Law. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE Pete Lansbery DATE 3/20/93

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
T/D COLE, BARRY 4604 BROWNWOOD CT TAMPA FL	
~~S/D~~ ~~DEAN, JERRY~~ ~~601 TOWNPARK TR~~ ~~BRANDON FL~~	S/D Leslie C. Connell 7525 Oakwood Ct. Lutz, FL 33549
P/D LANSBERY, PETE 8725 DELRAY CT APT 10A TAMPA FL	

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears in Block 12 or 13 above, or on an attachment with an asterisk.

SIGNATURE Pete Lansbery DATE 3/20/93

Name and Address of Current Director: Pete Lansbery
Title: P/D
Daytime Telephone number: (813) 989-3173

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
94 APR 11 AM 7:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12906 (6)

1. Corporation Name
SEMINOLE AVIATION ASSOCIATION, INC.

Mailing Address
~~C/O BARRY L COLE~~ C/o David L. Presnell
~~4604 BROWNWOOD CT~~
~~TAMPA FL 33624~~
US

Principal Place of Business
~~C/O KARIN HOKAY~~ David L. Presnell
~~8442 TUPELO DR~~ 1943 Brainerd Ct.
~~TAMPA FL 33617~~ Lutz, FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1985
3a. Date of Last Report: 03/25/1993

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
7. Reinstated Dated from $138.75 Supplemental Fee ☐

8. This corporation has liability for corporate tax under S. 179.032, Florida Statutes: ☐ Yes ☒ No

21 1943 Brainerd Ct.
22 David L. Presnell
23 Lutz, FL
24 33549 25 USA

26 C/o David L. Presnell
27 1943 Brainerd Ct.
28 Lutz
29 FL 30 USA

9. Name and Address of Current Registered Agent
LANSBERY, PETE
8725 DELRAY CT, APT 10A
TAMPA FL 33617

10. Name and Address of New Registered Agent
31 Name
32 Street Address (P.O. Box Number is NOT Acceptable)
33
34 City FL 35 Zip

11. Pursuant to the provisions of Section 607.1202 and 607.1406 or Sections 617.0202 and 617.1606, 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 changes are 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 or 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T/D	TITLE	Treasurer/Director
NAME	GOLE, BARRY	NAME	David L. Presnell
STREET ADDRESS	4604 BROWNWOOD CT	STREET ADDRESS	1943 Brainerd Ct.
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	Lutz, FL 33549
TITLE	S/D	TITLE	
NAME	CONWELL LESLIE C.	NAME	
STREET ADDRESS	7525 OAKWOOD CT.	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	CITY-ST-ZIP	
TITLE	P/D	TITLE	
NAME	LANSBERY, PETE	NAME	
STREET ADDRESS	8725 DELRAY CT APT 10A	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that I am familiar with the provisions of Chapter 607, Florida Statutes.

SIGNATURE: David L. Presnell David L. Presnell 4/5/94 (813)282-3111
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

v2.19

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 APR 14 AM 9:36

DOCUMENT # N12906 (6)

1. Corporation Name
SEMINOLE AVIATION ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

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: 04/11/1994

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
28
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

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 Section 607.0502 and 607.1938, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN #12		
TITLE	TD	11 TITLE		☐ Change ☐ Addition
NAME	PRESNELL, DAVID L	12 NAME		
STREET ADDRESS	1943 BRAINED COURT	13 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	Secretary / Director	☒ Change ☐ Addition
NAME	CONWELL, LESLIE C.	22 NAME	David L. Presnell	
STREET ADDRESS	7525 OAKWOOD CT.	23 STREET ADDRESS	1943 Brainerd Ct.	
CITY-ST-ZIP	LUTZ FL	24 CITY-ST-ZIP	Lutz, FL 33549	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	LANSBERY, PETE	32 NAME		
STREET ADDRESS	8725 DELRAY CT APT 10A	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the corporation named in this 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 named in this report or am authorized to execute this report as provided by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 13 if changed, or on an attached sheet, with an X.

SIGNATURE: [signature] Treasurer & Secretary, SAA (813) 282-9111 x2719
SIGNATURE AND TYPE OR PRINTED NAME OF SOMEONE OFFICER OR DIRECTOR — Date — Daytime Phone Number

003542

Seminole Aviation Association
6908 Summerbridge Drive
Tampa, Florida 33634-2255
(813)290-8009

N12906

June 25, 1996

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Address Change

To whom it may concern:

Please note that the principle address and telephone number of Seminole Aviation Association have changed, effective immediately, as follows:

OLD ADDRESS & TELEPHONE
2390 66th Avenue South
St. Petersburg, Florida 33712
(813)866-9398

NEW ADDRESS & TELEPHONE
6908 Summerbridge Drive
Tampa, Florida 33634-2255
(813)290-8009

Please update your records accordingly. Thank you for your prompt attention to this matter.

Sincerely,

David L. Presnell
Treasurer

FS 7/3