

MR. OR VIVIAN FLAGG 01-88
 111 E 813 833-3333
 111 EAST JAMES STREET
 BRADDOCK, FL 33311

924

PAY TO THE ORDER OF Secretary of State
Thurston
 Sun Bank of Tampa Bay
 403 West Broadway Blvd
 Tampa, FL 33611
 FOR DEPOSIT ONLY
 40631065691 308100309131 0924

N 12906

DLG 3233 11/26/85 30.00 7
 DCG 3233 11/26/85 5.00 8
 CGG 3233 11/26/85 3.00 9
 DLG 3233 11/26/ 85 30.00 11

700285147467

EFFECTIVE DATE
November 12, 1985

W26080 3,80,144

FILED
 1985 DEC 12 PM
 TALLAHASSEE, FL

Name	CRD 2-2
Availability	CRD 2-2
Document Examiner	CRD 2-2
Updater	CRD 2-2
Update Verifier	CRD 2-2
Acknowledgement	CRD 2-2
W.P. Verifier	CRD 2-2

NON-PROFIT CORP.

FILING	330
C. COPY	5
R. AGENT	3
TOTAL	338
BALANCE DUE \$	
REFUND \$	

3, 62(IX), 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
Document Examiner
Non-Profit Section

KG:krj

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

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

RECEIVED

JAN 7 12 07 PM '86

MRM

JAN 7 1986
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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) 488-8005.

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.

Division of Corporations • P.O. Box 6327 • Tallahassee, Florida 32301

FLORIDA-State of the Arts

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:

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

EFFECTIVE DATE

December 12, 1985

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

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	2006 Oak Regency Ln, Brandon, Fl 33511	(813) 681-4063
Claudeen H. Boyd	2221 S. Kings, Brandon, Fl 33511	(813) 689-3096
Jack Carr	P. O. Box 613, Plant City, Fl 33566	(813) 752-0833
Gail Crowley	10711 Dixon Dr., Riverview, Fl 33569	(813) 677-7018
Jim Crowley	10711 Dixon Dr., Riverview, Fl 33569	(813) 677-7018
Lyle R. Flagg	111 E. James Street, Brandon, Fl 33511	(813) 689-3393
Bud Koetz	8416 Tupelo Dr., Tampa, Fl 33617	(813) 985-5188
Leonard McGinty	13201 Main St., Thonotosassa, Fl 33601	(813) 986-1298
Polly McLean	902 Old Darby St., Seffner, Fl 33584	(813) 681-4698
G. Howard Rhyne	P. O. Box 1276, Fernandina Bch., Fl	(904) 261-8270
Jack Sharkey	6712 N. Willow, Tampa, Fl 33604	(813) 932-8333
Vic Sharp	31564 Monette Rd., Riverview, Fl 33569	(813) 677-3410
Steve Perry	503 Murcott Pl., Valrico, Fl 33594	(813) 681-9704

Dated the 27th day of October 1985

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

Signature(s) of incorporator(s)

813-928-5158

813-654-3393

813-681-4704

813-986-1298

Frederick O. Kray, Pres.

Lydia L. Kray, Vice President

Patricia L. Kray, Sec. / Treas.

Howard M. Kray, Sup. of Flight

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.

Frederick O. Kray

Registered Agent

STATE OF FLORIDA)

COUNTY OF Hillsborough) SS.:

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

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

Judy M. Peterson
Notary Public

My commission expires:

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

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George F. Christy
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAR 1987 - 8 11 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 Officer:

NI2905 6
SEMINOLE AVIATION ASSOCIATION, INC.
FERDINAND KOETZ
8415 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 of Corporation Principal Officer, P.O. Box Number, Room & NOT Sufficient

Street Address 71

P.O. Box No. 71

City and State 73

Zip Code 74

3 Date Incorporated or Qualified To Do Business in Florida

12/12/1965

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	2	3	4	5
Names of Officers and Directors	Type	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
KOETZ, FERDINAND	P/O	8415 TUPELO DR	TAMPA, FL	
FLAGG, LYLE R	V/O	111 E JAMES ST	BRANDON, FL	
PERRY, STEVE	S/T/O	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
8415 TUPELO DR
TAMPA, FL 33617

8 Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box No. - Only)

8415 TUPELO DRIVE

City and State 83

TAMPA, FL

Zip Code 84

33617

9 Pursuant to the provisions of Sections 607.004 and 607.007, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, hereby certifies that the information furnished herein is true and correct. 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 607.005 F.S.

SIGNATURE _____
(Registered Agent Accepting Appointment)

DATE _____

\$3.00 additional fee required for Registered Agent changes.

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

I Certify that I am an Officer of the Corporation, the Director or Treasurer Empowered to Execute This Report as Required by Chapter 607 F.S. Further, I certify that the information furnished herein is true and correct. Such change was authorized by resolution duly adopted by its board of directors on _____.

Signature

Ferdinand 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 F. Johnson
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED

APR - 5 11:52

Read Notes and Instructions on Other Side Before Making Entry
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.
c
% 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

Print or attach information in any way entering report address
Name of person in charge

3. Date of Report 12/12/1985

4. Federal Employer Identification Number (EIN) N/A

5. Date of Last Report 04/09/1986

6. Name of Officer and Director

Title

Street Address of Each Officer and Director

City and State

KOETZ, FERDINAND

P/O

8416 TUPELO DR

TAMPA, FL

FLACK, LYLE R

V/O

111 E JAMES ST

BRANDON, FL

PERRY, STEVE

S/O

8416 TUPELO DR

TAMPA, FL

HOGAN, LEONARD

D

878 MAIN ST

THONOTOSASSA, FL

HARRY M. KAY

T/D

8412 TUPELO DR.

TAMPA, FL.

TOM M. LINSKEY

S/D

5610 KENNY DR

TAMPA, FL.

REGISTERED AGENT INFORMATION

7. Name and Address of Registered Agent

SAME

Street Address (Do Not Use P.O. Box Number) 25

SAME

City and State (Do Not Use P.O. Box Number) 26

City and State 27

SAME

FL.

Zip Code 28

33637

KOETZ, FERDINAND

8416 TUPELO DR

TAMPA, FL 33617

8. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation is incorporated under the laws of the State of Florida, and is a corporation in good standing, having filed its annual report and paid its franchise tax for the year ending on the date of filing this report.

9. I hereby certify that the undersigned is a resident of the State of Florida, and is duly qualified to act as a registered agent for the corporation.

10. Date of Filing

Registered Agent Accepting Appointment

DATE

\$25 Additional Fee required for Registered Agent change.

11. I hereby certify that the undersigned is a resident of the State of Florida, and is duly qualified to act as a registered agent for the corporation.

12. I hereby certify that the undersigned is a resident of the State of Florida, and is duly qualified to act as a registered agent for the corporation.

Ferdinand Koetz
Ferdinand Koetz

President

3/30/87

Telephone Number

813-985-5188

CERTIFICATE OF STATUS REQUIRED

\$5 Additional Fee required for a Certificate of Status

CRF004 (1-86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

APPROVED

FILED

CORPORATION

ANNUAL REPORT

1988



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

1988 MAY -4 PM 3:04

STATE
TAMPA ONE DIVISION
TAMPA, FLORIDA

Read Rules and Instructions on Other Side Before Marking Entries.
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

W12906
SEMINOLE AVIATION ASSOCIATION, INC.
& FERDINAND KOETZ
8416 TUPELO DR
TAMPA, FL 33637

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

5610 Kerry Dr
Street Address 21 c/o Tom McLinskey

P.O. Box No. 22

Tampa FL 3

City and State 23

33617

Zip Code 24

If foreign business is included in entry, enter the foreign address in item 2. Include Zip Code

3. Date incorporated by Certificate to Do Business in Florida

12/12/1985

4. Federal Employer Identification Number (EIN)

5. Date of Last Report 04/05/1987

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 P.O. Box Number)	City and State
1. ROSE, FERDINAND	P/O	5610 Kerry Dr 8416 TUPELO DR	TAMPA, FL
2. FLANN, LYLE R.	V/O	12408 Kelsa Rd 111 E JAMES ST	SHANDON, FL
3. MCKAY, HARRY	T/O	8412 TUPELO DR.	TAMPA, FL.
4. MCLINSKEY, TOM	P.O.	5610 KERRY DR.	TAMPA, FL.

REGISTERED AGENT INFORMATION

NAME AND ADDRESS OF CURRENT REGISTERED AGENT

KOETZ, FERDINAND
8416 TUPELO DR
TAMPA, FL 33637

NAME AND ADDRESS OF PREVIOUS REGISTERED AGENT
Tom, Mc Linskey
5610 Kerry Dr
Tampa FL 33617

I, the undersigned, being the registered agent of the corporation, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation for the year ending December 31, 1987, as required by Chapter 607, F.S.

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

TO: Secretary of State, Division of Corporations, 1000 North Florida Avenue, Tallahassee, Florida 32304

I hereby certify that I am an Officer or Director of the Corporation, the President or Treasurer Empowered to Execute This Report as Required by Chapter 607, F.S. I have signed this report and my signature on this report shall have the same legal effect as if made under oath.

Signature: Thomas McLinskey Title: President Date: 24 April 1988
Telephone Number: 813-988-6924

12. State as to whether a corporation is doing business in the U.S. ☐ YES ☐ NO

CERTIFICATE OF STATUS BY STATE

\$5 Additional Fee
Required for a
Certificate of Status

FILE NO. 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 42 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 of Corporation Principal Office. P.O. Box, Street Address, City and State

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporation or Qualified To Do Business in Florida

12/12/1985

4. Federal Employer Identification No.

NOT FOR PROFIT

5. Date of Last Report

05/04/1988

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

1	2	3	4	5
1	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
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.	

\$35.00 Reported 5/25/89 CC 46 AB

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

MCLINSKEY, THOMAS
5610 KENNY DRIVE
TAMPA, FL 33617

8. Name and Address of Non-Registered Agent

Street Address 1 (Do NOT Use P.O. Box Numbers) 81

Street Address 2 (Do NOT Use P.O. Box Numbers) 82

City and State 84

FL

Zip Code 85

I, Pursuant to the provisions of Sections 607.034 and 607.035, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submit this statement for the purpose of changing its registered office of business and 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 furnishing with and accept the obligations of Section 607.035 FS.

SIGNATURE

Registered Agent Accepting Appointment

DATE

12. I acknowledge that I am a resident of the State of 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 Executive or Trustee Empowered to Execute This Report as Required by Chapter 607 FS. Further, I certify that I understand my signature on this report shall have the same legal effects as if made under oath. (Signature of Director signing must be used in Block 5.)

Thomas McLinskey

Type Name of Signing Officer or Director

Title

President

Date

5-9-89

Telephone Number

813-988-6924

13. 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

FD-203 (Rev. 1-75)

CORPORATION
ANNUAL REPORT
1990



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

FILED
APR 11 1991
TAMPA, FL

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. PO Box numbers alone are NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

8412 TUPELO DR.
PO Box 100 HARRY MCKAY

City and State 23

TAMPA, FLA.

Zip Code 24

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 information false or likely to cover over incorrect information)

1. Type	2. Name of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
P/D	MCLINSKEY, THOMAS	5610 KENNY DRIVE	TAMPA, FL	
X/D	COOPER, JAMES <i>This sect is open/no vic. Pres. del.</i>	12428 KELSO ROAD <i>Delete Above</i>	THONOTOSASSA, FL	
T/D	MCKAY, HARRY	8412 TUPELO DR.	TAMPA, FL.	
D	MCLINSKEY, TOM	5610 KENNY DR.	TAMPA, FL.	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

MCLINSKEY, THOMAS
5610 KENNY DRIVE
TAMPA, FL 33617

Name 81

Street Address 1 (Do NOT Use PO Box Numbers) 82

Street Address 2 (Do NOT Use PO Box Numbers) 83

City and State 84

FL

Zip Code 85

I, the undersigned, being a resident of the State of Florida, do hereby certify that the information contained in this annual report is true and correct and that my signature shall have the same legal effect as if made in person. I further certify that I am an officer or director of the corporation or the individual proprietorship to which this report is required by Chapter 607, F.S.

Signature

(Registered Agent Accepting Appointment)

DATE

Thomas M. Linskey

Date of Filing 1990

THOMAS MCLINSKEY

President

813-988-6924

CERTIFICATE OF STATUS DESIRED ☐

\$5 Additional Fee required for a Certificate of Status

12. Would you wish to contribute to an Election Campaign Financing Trust Fund? Check the box and attach appropriate \$5 deposit for filing fee.

File Now. Filing Fee after May 1 is \$225.00

11/25/91

APPROVED
SEC. OF STATE
TAMPA, FLA.
FILED

CORPORATION
ANNUAL REPORT
1993



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

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

SENIOLE AVIATION ASSOCIATION, INC.
C/O ~~MARY MERRY~~ BARRY L. COLE
~~DEL 30000 DR~~ 4604 BROWNWOOD CT
~~TAMPA FL 33607-5405~~ TAMPA, FL 33624

DONOT WRITE IN THIS SPACE

2. Filing Fee: \$200.00

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

3. Date of Report: 12/12/1985

4. Date of Last Report: 02/28/1992

5. Filing Fee: NOT APPLICABLE

6. Certificate of Status: \$8.75

7. Election Campaign Financing: \$5.00

8. Total Fees: \$138.75

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

10. Name and Address of New Registered Agent:

11. I, the undersigned, being a resident of Florida and duly qualified under the laws of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation for the year ending December 31, 1993, as required by Chapter 607, Florida Statutes, and that the same has been filed with the Department of State.

SIGNATURE: *Pete Lansbery* DATE: 3/20/93

12. OFFICERS AND DIRECTORS

1. NAME: T/D
2. NAME: COLE, BARRY
3. NAME: 4604 BROWNWOOD CT
4. NAME: TAMPA FL

5. NAME: S/D
6. NAME: DEAN, JERRY
7. NAME: 601 TOMLINSON TR
8. NAME: BRANDON FL

9. NAME: P/D
10. NAME: LANSBERRY, PETE
11. NAME: 8725 DELRAY CT APT 10A
12. NAME: TAMPA FL

13. NAME:
14. NAME:
15. NAME:
16. NAME:
17. NAME:
18. NAME:
19. NAME:
20. NAME:
21. NAME:
22. NAME:
23. NAME:
24. NAME:
25. NAME:
26. NAME:
27. NAME:
28. NAME:
29. NAME:
30. NAME:
31. NAME:
32. NAME:
33. NAME:
34. NAME:
35. NAME:
36. NAME:
37. NAME:
38. NAME:
39. NAME:
40. NAME:
41. NAME:
42. NAME:
43. NAME:
44. NAME:
45. NAME:
46. NAME:
47. NAME:
48. NAME:
49. NAME:
50. NAME:
51. NAME:
52. NAME:
53. NAME:
54. NAME:
55. NAME:
56. NAME:
57. NAME:
58. NAME:
59. NAME:
60. NAME:
61. NAME:
62. NAME:
63. NAME:
64. NAME:
65. NAME:
66. NAME:
67. NAME:
68. NAME:
69. NAME:
70. NAME:
71. NAME:
72. NAME:
73. NAME:
74. NAME:
75. NAME:
76. NAME:
77. NAME:
78. NAME:
79. NAME:
80. NAME:
81. NAME:
82. NAME:
83. NAME:
84. NAME:
85. NAME:
86. NAME:
87. NAME:
88. NAME:
89. NAME:
90. NAME:
91. NAME:
92. NAME:
93. NAME:
94. NAME:
95. NAME:
96. NAME:
97. NAME:
98. NAME:
99. NAME:
100. NAME:
101. NAME:
102. NAME:
103. NAME:
104. NAME:
105. NAME:
106. NAME:
107. NAME:
108. NAME:
109. NAME:
110. NAME:
111. NAME:
112. NAME:
113. NAME:
114. NAME:
115. NAME:
116. NAME:
117. NAME:
118. NAME:
119. NAME:
120. NAME:
121. NAME:
122. NAME:
123. NAME:
124. NAME:
125. NAME:
126. NAME:
127. NAME:
128. NAME:
129. NAME:
130. NAME:
131. NAME:
132. NAME:
133. NAME:
134. NAME:
135. NAME:
136. NAME:
137. NAME:
138. NAME:
139. NAME:
140. NAME:
141. NAME:
142. NAME:
143. NAME:
144. NAME:
145. NAME:
146. NAME:
147. NAME:
148. NAME:
149. NAME:
150. NAME:
151. NAME:
152. NAME:
153. NAME:
154. NAME:
155. NAME:
156. NAME:
157. NAME:
158. NAME:
159. NAME:
160. NAME:
161. NAME:
162. NAME:
163. NAME:
164. NAME:
165. NAME:
166. NAME:
167. NAME:
168. NAME:
169. NAME:
170. NAME:
171. NAME:
172. NAME:
173. NAME:
174. NAME:
175. NAME:
176. NAME:
177. NAME:
178. NAME:
179. NAME:
180. NAME:
181. NAME:
182. NAME:
183. NAME:
184. NAME:
185. NAME:
186. NAME:
187. NAME:
188. NAME:
189. NAME:
190. NAME:
191. NAME:
192. NAME:
193. NAME:
194. NAME:
195. NAME:
196. NAME:
197. NAME:
198. NAME:
199. NAME:
200. NAME:
201. NAME:
202. NAME:
203. NAME:
204. NAME:
205. NAME:
206. NAME:
207. NAME:
208. NAME:
209. NAME:
210. NAME:
211. NAME:
212. NAME:
213. NAME:
214. NAME:
215. NAME:
216. NAME:
217. NAME:
218. NAME:
219. NAME:
220. NAME:
221. NAME:
222. NAME:
223. NAME:
224. NAME:
225. NAME:
226. NAME:
227. NAME:
228. NAME:
229. NAME:
230. NAME:
231. NAME:
232. NAME:
233. NAME:
234. NAME:
235. NAME:
236. NAME:
237. NAME:
238. NAME:
239. NAME:
240. NAME:
241. NAME:
242. NAME:
243. NAME:
244. NAME:
245. NAME:
246. NAME:
247. NAME:
248. NAME:
249. NAME:
250. NAME:
251. NAME:
252. NAME:
253. NAME:
254. NAME:
255. NAME:
256. NAME:
257. NAME:
258. NAME:
259. NAME:
260. NAME:
261. NAME:
262. NAME:
263. NAME:
264. NAME:
265. NAME:
266. NAME:
267. NAME:
268. NAME:
269. NAME:
270. NAME:
271. NAME:
272. NAME:
273. NAME:
274. NAME:
275. NAME:
276. NAME:
277. NAME:
278. NAME:
279. NAME:
280. NAME:
281. NAME:
282. NAME:
283. NAME:
284. NAME:
285. NAME:
286. NAME:
287. NAME:
288. NAME:
289. NAME:
290. NAME:
291. NAME:
292. NAME:
293. NAME:
294. NAME:
295. NAME:
296. NAME:
297. NAME:
298. NAME:
299. NAME:
300. NAME:
301. NAME:
302. NAME:
303. NAME:
304. NAME:
305. NAME:
306. NAME:
307. NAME:
308. NAME:
309. NAME:
310. NAME:
311. NAME:
312. NAME:
313. NAME:
314. NAME:
315. NAME:
316. NAME:
317. NAME:
318. NAME:
319. NAME:
320. NAME:
321. NAME:
322. NAME:
323. NAME:
324. NAME:
325. NAME:
326. NAME:
327. NAME:
328. NAME:
329. NAME:
330. NAME:
331. NAME:
332. NAME:
333. NAME:
334. NAME:
335. NAME:
336. NAME:
337. NAME:
338. NAME:
339. NAME:
340. NAME:
341. NAME:
342. NAME:
343. NAME:
344. NAME:
345. NAME:
346. NAME:
347. NAME:
348. NAME:
349. NAME:
350. NAME:
351. NAME:
352. NAME:
353. NAME:
354. NAME:
355. NAME:
356. NAME:
357. NAME:
358. NAME:
359. NAME:
360. NAME:
361. NAME:
362. NAME:
363. NAME:
364. NAME:
365. NAME:
366. NAME:
367. NAME:
368. NAME:
369. NAME:
370. NAME:
371. NAME:
372. NAME:
373. NAME:
374. NAME:
375. NAME:
376. NAME:
377. NAME:
378. NAME:
379. NAME:
380. NAME:
381. NAME:
382. NAME:
383. NAME:
384. NAME:
385. NAME:
386. NAME:
387. NAME:
388. NAME:
389. NAME:
390. NAME:
391. NAME:
392. NAME:
393. NAME:
394. NAME:
395. NAME:
396. NAME:
397. NAME:
398. NAME:
399. NAME:
400. NAME:
401. NAME:
402. NAME:
403. NAME:
404. NAME:
405. NAME:
406. NAME:
407. NAME:
408. NAME:
409. NAME:
410. NAME:
411. NAME:
412. NAME:
413. NAME:
414. NAME:
415. NAME:
416. NAME:
417. NAME:
418. NAME:
419. NAME:
420. NAME:
421. NAME:
422. NAME:
423. NAME:
424. NAME:
425. NAME:
426. NAME:
427. NAME:
428. NAME:
429. NAME:
430. NAME:
431. NAME:
432. NAME:
433. NAME:
434. NAME:
435. NAME:
436. NAME:
437. NAME:
438. NAME:
439. NAME:
440. NAME:
441. NAME:
442. NAME:
443. NAME:
444. NAME:
445. NAME:
446. NAME:
447. NAME:
448. NAME:
449. NAME:
450. NAME:
451. NAME:
452. NAME:
453. NAME:
454. NAME:
455. NAME:
456. NAME:
457. NAME:
458. NAME:
459. NAME:
460. NAME:
461. NAME:
462. NAME:
463. NAME:
464. NAME:
465. NAME:
466. NAME:
467. NAME:
468. NAME:
469. NAME:
470. NAME:
471. NAME:
472. NAME:
473. NAME:
474. NAME:
475. NAME:
476. NAME:
477. NAME:
478. NAME:
479. NAME:
480. NAME:
481. NAME:
482. NAME:
483. NAME:
484. NAME:
485. NAME:
486. NAME:
487. NAME:
488. NAME:
489. NAME:
490. NAME:
491. NAME:
492. NAME:
493. NAME:
494. NAME:
495. NAME:
496. NAME:
497. NAME:
498. NAME:
499. NAME:
500. NAME:
501. NAME:
502. NAME:
503. NAME:
504. NAME:
505. NAME:
506. NAME:
507. NAME:
508. NAME:
509. NAME:
510. NAME:
511. NAME:
512. NAME:
513. NAME:
514. NAME:
515. NAME:
516. NAME:
517. NAME:
518. NAME:
519. NAME:
520. NAME:
521. NAME:
522. NAME:
523. NAME:
524. NAME:
525. NAME:
526. NAME:
527. NAME:
528. NAME:
529. NAME:
530. NAME:
531. NAME:
532. NAME:
533. NAME:
534. NAME:
535. NAME:
536. NAME:
537. NAME:
538. NAME:
539. NAME:
540. NAME:
541. NAME:
542. NAME:
543. NAME:
544. NAME:
545. NAME:
546. NAME:
547. NAME:
548. NAME:
549. NAME:
550. NAME:
551. NAME:
552. NAME:
553. NAME:
554. NAME:
555. NAME:
556. NAME:
557. NAME:
558. NAME:
559. NAME:
560. NAME:
561. NAME:
562. NAME:
563. NAME:
564. NAME:
565. NAME:
566. NAME:
567. NAME:
568. NAME:
569. NAME:
570. NAME:
571. NAME:
572. NAME:
573. NAME:
574. NAME:
575. NAME:
576. NAME:
577. NAME:
578. NAME:
579. NAME:
580. NAME:
581. NAME:
582. NAME:
583. NAME:
584. NAME:
585. NAME:
586. NAME:
587. NAME:
588. NAME:
589. NAME:
590. NAME:
591. NAME:
592. NAME:
593. NAME:
594. NAME:
595. NAME:
596. NAME:
597. NAME:
598. NAME:
599. NAME:
600. NAME:
601. NAME:
602. NAME:
603. NAME:
604. NAME:
605. NAME:
606. NAME:
607. NAME:
608. NAME:
609. NAME:
610. NAME:
611. NAME:
612. NAME:
613. NAME:
614. NAME:
615. NAME:
616. NAME:
617. NAME:
618. NAME:
619. NAME:
620. NAME:
621. NAME:
622. NAME:
623. NAME:
624. NAME:
625. NAME:
626. NAME:
627. NAME:
628. NAME:
629. NAME:
630. NAME:
631. NAME:
632. NAME:
633. NAME:
634. NAME:
635. NAME:
636. NAME:
637. NAME:
638. NAME:
639. NAME:
640. NAME:
641. NAME:
642. NAME:
643. NAME:
644. NAME:
645. NAME:
646. NAME:
647. NAME:
648. NAME:
649. NAME:
650. NAME:
651. NAME:
652. NAME:
653. NAME:
654. NAME:
655. NAME:
656. NAME:
657. NAME:
658. NAME:
659. NAME:
660. NAME:
661. NAME:
662. NAME:
663. NAME:
664. NAME:
665. NAME:
666. NAME:
667. NAME:
668. NAME:
669. NAME:
670. NAME:
671. NAME:
672. NAME:
673. NAME:
674. NAME:
675. NAME:
676. NAME:
677. NAME:
678. NAME:
679. NAME:
680. NAME:
681. NAME:
682. NAME:
683. NAME:
684. NAME:
685. NAME:
686. NAME:
687. NAME:
688. NAME:
689. NAME:
690. NAME:
691. NAME:
692. NAME:
693. NAME:
694. NAME:
695. NAME:
696. NAME:
697. NAME:
698. NAME:
699. NAME:
700. NAME:
701. NAME:
702. NAME:
703. NAME:
704. NAME:
705. NAME:
706. NAME:
707. NAME:
708. NAME:
709. NAME:
710. NAME:
711. NAME:
712. NAME:
713. NAME:
714. NAME:
715. NAME:
716. NAME:
717. NAME:
718. NAME:
719. NAME:
720. NAME:
721. NAME:
722. NAME:
723. NAME:
724. NAME:
725. NAME:
726. NAME:
727. NAME:
728. NAME:
729. NAME:
730. NAME:
731. NAME:
732. NAME:
733. NAME:
734. NAME:
735. NAME:
736. NAME:
737. NAME:
738. NAME:
739. NAME:
740. NAME:
741. NAME:
742. NAME:
743. NAME:
744. NAME:
745. NAME:
746. NAME:
747. NAME:
748. NAME:
749. NAME:
750. NAME:
751. NAME:
752. NAME:
753. NAME:
754. NAME:
755. NAME:
756. NAME:
757. NAME:
758. NAME:
759. NAME:
760. NAME:
761. NAME:
762. NAME:
763. NAME:
764. NAME:
765. NAME:
766. NAME:
767. NAME:
768. NAME:
769. NAME:
770. NAME:
771. NAME:
772. NAME:
773. NAME:
774. NAME:
775. NAME:
776. NAME:
777. NAME:
778. NAME:
779. NAME:
780. NAME:
781. NAME:
782. NAME:
783. NAME:
784. NAME:
785. NAME:
786. NAME:
787. NAME:
788. NAME:
789. NAME:
790. NAME:
791. NAME:
792. NAME:
793. NAME:
794. NAME:
795. NAME:
796. NAME:
797. NAME:
798. NAME:
799. NAME:
800. NAME:
801. NAME:
802. NAME:
803. NAME:
804. NAME:
805. NAME:
806. NAME:
807. NAME:
808. NAME:
809. NAME:
810. NAME:
811. NAME:
812. NAME:
813. NAME:
814. NAME:
815. NAME:
816. NAME:
817. NAME:
818. NAME:
819. NAME:
820. NAME:
821. NAME:
822. NAME:
823. NAME:
824. NAME:
825. NAME:
826. NAME:
827. NAME:
828. NAME:
829. NAME:
830. NAME:
831. NAME:
832. NAME:
833. NAME:
834. NAME:
835. NAME:
836. NAME:
837. NAME:
838. NAME:
839. NAME:
840. NAME:
841. NAME:
842. NAME:
843. NAME:
844. NAME:
845. NAME:
846. NAME:
847. NAME:
848. NAME:
849. NAME:
850. NAME:
851. NAME:
852. NAME:
853. NAME:
854. NAME:
855. NAME:
856. NAME:
857. NAME:
858. NAME:
859. NAME:
860. NAME:
861. NAME:
862. NAME:
863. NAME:
864. NAME:
865. NAME:
866. NAME:
867. NAME:
868. NAME:
869. NAME:
870. NAME:
871. NAME:
872. NAME:
873. NAME:
874. NAME:
875. NAME:
876. NAME:
877. NAME:
878. NAME:
879. NAME:
880. NAME:
881. NAME:
882. NAME:
883. NAME:
884. NAME:
885. NAME:
886. NAME:
887. NAME:
888. NAME:
889. NAME:
890. NAME:
891. NAME:
892. NAME:
893. NAME:
894. NAME:
895. NAME:
896. NAME:
897. NAME:
898. NAME:
899. NAME:
900. NAME:
901. NAME:
902. NAME:
903. NAME:
904. NAME:
905. NAME:
906. NAME:
907. NAME:
908. NAME:
909. NAME:
910. NAME:
911. NAME:
912. NAME:
913. NAME:
914. NAME:
915. NAME:
916. NAME:
917. NAME:
918. NAME:
919. NAME:
920. NAME:
921. NAME:
922. NAME:
923. NAME:
924. NAME:
925. NAME:
926. NAME:
927. NAME:
928. NAME:
929. NAME:
930. NAME:
931. NAME:
932. NAME:
933. NAME:
934. NAME:
935. NAME:
936. NAME:
937. NAME:
938. NAME:
939. NAME:
940. NAME:
941. NAME:
942. NAME:
943. NAME:
944. NAME:
945. NAME:
946. NAME:
947. NAME:
948. NAME:
949. NAME:
950. NAME:
951. NAME:
952. NAME:
953. NAME:
954. NAME:
955. NAME:
956. NAME:
957. NAME:
958. NAME:
959. NAME:
960. NAME:
961. NAME:
962. NAME:
963. NAME:
964. NAME:
965. NAME:
966. NAME:
967. NAME:
968. NAME:
969. NAME:
970. NAME:
971. NAME:
972. NAME:
973. NAME:
974. NAME:
975. NAME:
976. NAME:
977. NAME:
978. NAME:
979. NAME:
980. NAME:
981. NAME:
982. NAME:
983. NAME:
984. NAME:
985. NAME:
986. NAME:
987. NAME:
988. NAME:
989. NAME:
990. NAME:
991. NAME:
992. NAME:
993. NAME:
994. NAME:
995. NAME:
996. NAME:
997. NAME:
998. NAME:
999. NAME:
1000. NAME:
1001. NAME:
1002. NAME:
1003. NAME:
1004. NAME:
1005. NAME:
1006. NAME:
1007. NAME:
1008. NAME:
1009. NAME:
1010. NAME:
1011. NAME:
1012. NAME:
1013. NAME:
1014. NAME:
1015. NAME:
1016. NAME:
1017. NAME:
1018. NAME:
1019. NAME:
1020. NAME:
1021. NAME:
1022. NAME:
1023. NAME:
1024. NAME:
1025. NAME:
1026. NAME:
1027. NAME:
1028. NAME:
1029. NAME:
1030. NAME:
1031. NAME:
1032. NAME:
1033. NAME:
1034. NAME:
1035. NAME:
1036. NAME:
1037. NAME:
1038. NAME:
1039. NAME:
1040. NAME:
1041. NAME:
1042. NAME:
1043. NAME:
1044. NAME:
1045. NAME:
1046. NAME:
1047. NAME:
1048. NAME:
1049. NAME:
1050. NAME:
1051. NAME:
1052. NAME:
1053. NAME:
1054. NAME:
1055. NAME:
1056. NAME:
1057. NAME:
1058. NAME:
1059. NAME:
1060. NAME:
1061. NAME:
1062. NAME:
1063. NAME:
1064. NAME:
1065. NAME:
1066. NAME:
1067. NAME:
1068. NAME:
1069. NAME:
1070. NAME:
1071. NAME:
1072. NAME:
1073. NAME:
1074. NAME:
1075. NAME:
1076. NAME:
1077. NAME:
1078. NAME:
1079. NAME:
1080. NAME:
1081. NAME:
1082. NAME:
1083. NAME:
1084. NAME:
1085. NAME:
1086. NAME:
1087. NAME:
1088. NAME:
1089. NAME:
1090. NAME:
1091. NAME:
1092. NAME:
1093. NAME:
1094. NAME:
1095. NAME:
1096. NAME:
1097. NAME:
1098. NAME:
1099. NAME:
1100. NAME:
1101. NAME:
1102. NAME:
1103. NAME:
1104. NAME:
1105. NAME:
1106. NAME:
1107. NAME:
1108. NAME:
1109. NAME:
1110. NAME:
1111. NAME:
1112. NAME:
1113. NAME:
1114. NAME:
1115. NAME:
1116. NAME:
1117. NAME:
1118. NAME:
1119. NAME:
1120. NAME:
1121. NAME:
1122. NAME:
1123. NAME:
1124. NAME:
1125. NAME:
1126. NAME:
1127. NAME:
1128. NAME:
1129. NAME:
1130. NAME:
1131. NAME:
1132. NAME:
1133. NAME:
1134. NAME:
1135. NAME:
1136. NAME:
1137. NAME:
1138. NAME:
1139. NAME:
1140. NAME:
1141. NAME:
1142. NAME:
1143. NAME:
1144. NAME:
1145. NAME:
1146. NAME:
1147. NAME:
1148. NAME:
1149. NAME:
1150. NAME:
1151. NAME:
1152. NAME:
1153. NAME:
1154. NAME:
1155. NAME:
1156. NAME:
1157. NAME:
1158. NAME:
1159. NAME:
1160. NAME:
1161. NAME:
1162. NAME:
1163. NAME:
1164. NAME:
1165. NAME:
1166. NAME:
1167. NAME:
1168. NAME:
1169. NAME:
1170. NAME:
1171. NAME:
1172. NAME:
1173. NAME:
1174. NAME:
1175. NAME:
1176. NAME:
1177. NAME:
1178. NAME:
1179. NAME:
1180. NAME:
1181. NAME:
1182. NAME:
1183. NAME:
1184. NAME:
1185. NAME:
1186. NAME:
1187. NAME:
1188. NAME:
1189. NAME:
1190. NAME:
1191. NAME:
1192. NAME:
1193. NAME:
1194. NAME:
1195. NAME:
1196. NAME:
1197. NAME:
1198. NAME:
1199. NAME:
1200. NAME:
12

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1994



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

APPROVED
AND
FILED

94 APR 11 AM 7:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

SEMIWOLE AVIATION ASSOCIATION, INC.

DOCUMENT #

N12906 (6)

2. Mailing Address

C/O BARRY L. COLE C/O David L. Presnell
1943 BRAINERD CT.
TAMPA FL 33617
US

3. Principal Place of Business

C/O HARRY MCKAY David L. Presnell
1943 BRAINERD CT.
TAMPA FL 33617 Lutz, FL 33549

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Changed
12/12/1985

5. Date of Last Report
03/25/1993

6. FTS Number
NOT APPLICABLE

Applied For
Not Applicable

7. Certificate of Status Desired
3375 Additional Fee Requested

8. Election Campaign
Financing Trust
Fund Contribution

\$5.00 May Be
Added to Fees

9. FTS Number
3375

10. This corporation has liability for intangible tax under S 179.032,
Florida Statutes.

Yes No

11. Name and Address of Current Registered Agent

12. Name and Address of New Registered Agent

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

13. Name

14. Street Address P.O. Box Number (If Applicable)

15. City

16. State

17. Zip

18. Signature

19. Date

SIGNATURE

DATE

20. Signature

DATE

21. Signature

DATE

22. Signature

DATE

23. Signature

DATE

24. Signature

DATE

25. Signature

DATE

26. Signature

DATE

27. Signature

DATE

28. Signature

DATE

29. Signature

DATE

30. Signature

DATE

31. Signature

DATE

32. Signature

DATE

33. Signature

DATE

34. Signature

DATE

35. Signature

DATE

36. Signature

DATE

37. Signature

DATE

38. Signature

DATE

39. Signature

DATE

40. Signature

DATE

41. Signature

DATE

42. Signature

DATE

43. Signature

DATE

44. Signature

DATE

45. Signature

DATE

46. Signature

DATE

47. Signature

DATE

48. Signature

DATE

49. Signature

DATE

50. Signature

DATE

51. Signature

DATE

52. Signature

DATE

53. Signature

DATE

54. Signature

DATE

SIGNATURE: David L. Presnell

4/5/94

(813) 282-2111

2179

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
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 BRAINERD COURT
LUTZ FL 33549
US

C/O DAVID L. PRESNELL
1943 BRAINERD COURT
LUTZ FL 33549
US

2. 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

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

28. Zip

30. Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Director Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Taxpayer with IRS 501(c)(3) Tax Exempt Status ☐

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANSBERRY, PETE
8725 DELRAY CT, APT 10A
TAMPA FL 33617**

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Agent or Director (Name of Registered Agent is Not Acceptable)

Signature of Secretary or Director (Name of Registered Agent is Not Acceptable)

Date

12. OFFICERS AND DIRECTORS	
TITLE	TO
NAME	PRESNELL, DAVID L.
STREET ADDRESS	1943 BRAINERD COURT
CITY, ST., ZIP	LUTZ FL
TITLE	SD
NAME	CONWELL, LESLIE C.
STREET ADDRESS	7525 OAKWOOD CT.
CITY, ST., ZIP	LUTZ FL
TITLE	PO
NAME	LANSBERRY, PETE
STREET ADDRESS	8725 DELRAY CT APT 10A
CITY, ST., ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN #12	
11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST., ZIP	
15. TITLE	☒ Change ☐ Addition
16. NAME	Secretary / Director
17. STREET ADDRESS	David L. Presnell
18. CITY, ST., ZIP	1943 Brainerd Ct.
19. TITLE	Lutz, FL 33549
20. NAME	
21. STREET ADDRESS	
22. CITY, ST., ZIP	
23. TITLE	☐ Change ☐ Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST., ZIP	
27. TITLE	☐ Change ☐ Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST., ZIP	

14. I, the undersigned, certify that the information appearing on this form is voluntary, complete and does not contain any false or misleading information. I am not aware of any other person who is authorized to execute this report on behalf of the corporation and that my signature shall have the same legal effect as if made under oath. This statement is required by the Secretary of State and is subject to the provisions of Chapter 607, Florida Statutes, and that my name appears in the annual report of the corporation.

SIGNATURE: *[Signature]* **Treasurer & Secretary, SAA (813) 282-9111 x2719**

PRINT NAME AND TYPE OF OFFICE OF EACH OFFICER OR DIRECTOR

*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

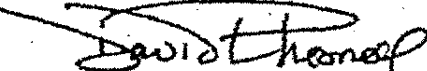
2390 66th Avenue South
St. Petersburg, Florida 33712
(813)866-9398

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

K57/3