FILE NOW: FILING FEE IS $61.25

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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N27143** **(9)**

1. Corporation Name
ORANGE COUNTY AIRBOAT ASSOCIATION, INC.

Principal Place of Business
1960 ALADDIN CT.
ST. CLOUD FL 34771

Mailing Address
1960 ALADDIN CT.
ST. CLOUD FL 34771-9749

3. Date Incorporated or Qualified: 06/27/1988
3a. Date of Last Report: 05/08/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-2869922 — 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
FISHER, HERMAN A
526 N. OAK AVENUE
FT. MEADE FL 33841

10. Name and Address of New Registered Agent
81 Name: JOHNNY WAYNE BEAL
82 Street Address (P.O. Box Number is Not Acceptable): 200 N. CORTEZ AVE.
83 WINTER SPGS.
84 City: FL
85 Zip Code: 32708

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: Johnny Wayne Beal — Johnny Wayne Beal P 4-5-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	FISHER, HERMAN A	
STREET ADDRESS	526 N. OAK AVENUE	
CITY-ST-ZIP	FT. MEADE FL 33841	
TITLE	VCD	☐ DELETE
NAME	WARD, BRUCE A	
STREET ADDRESS	1960 ALADDIN CT.	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	D	☐ DELETE
NAME	POTTS, BOBBY	
STREET ADDRESS	1054 AMANDA LANE	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	D	☐ DELETE
NAME	PIERCE, DON	
STREET ADDRESS	19100 C.R. 33	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	☒ DELETE
NAME	MCQUAY, JOYCE	
STREET ADDRESS	1505 WILSON AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	☒ DELETE
NAME	STOKES, SHIRLEY	
STREET ADDRESS	10125 E. CLOVER NOCK LN.	
CITY-ST-ZIP	INVERNESS FL 34450	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☒ Addition
1.2 NAME	WAYNE Beal	
1.3 STREET ADDRESS	200 N. Cortez Ave.	
1.4 CITY-ST-ZIP	Winter Springs FL 32708	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	Potts Bobby	
3.3 STREET ADDRESS	5035 Fishtail Palm Ave	
3.4 CITY-ST-ZIP	COCOA, FL 32929	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D BOARD of Director	☐ Change ☒ Addition
5.2 NAME	Bill Johns	
5.3 STREET ADDRESS	495 S. Camellia Ave	
5.4 CITY-ST-ZIP	Crystal River, FL 34429	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Chuck Watson	
6.3 STREET ADDRESS	5595 BARNA AVE.	
6.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	

CR2E037 (9/96)

14. I do 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.