FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATUR

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400000599 (0)

SEBRING AVIATION AND RACE MUSEUM, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business Mailing Address 425 S COMMERCE AVE SEBRING FL 33870 425 S COMMERCE AVE SEBRING FL 33870

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2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Feb 04 1998 8:00am Secretary of State

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Yes

7. Is this nonprofit corporation a homeowners association?

Yes \(\subseteq \text{No} \)

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

Not Applicable

3. Date Incorporated or Qualified 01/31/1994

65-0506953

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

SWAINE, J M 425 S COMMERCE AVE SEBRING FL 33870			82 Street	Address (P.O. Box Number is Not Acceptable)		
			84 City	FL 85 Zip Code		
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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
			13.			
TITLE	PD	DELETE	1.1 TITLE	Change Addition		
NAME	TULLIUS, R C		1.2 NAME			
STREET ADDRESS	2401 VICTORY LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	WINCHESTER VA 22602	w	1,4 CITY - ST - ZIP			
TITLE	VD	Y DELETE	2.1 TITLE	STEPHENSON, TRES Change Addition		
NAME	CONE, MICHAEL		2.2 NAME	113 MIDWAY DRIVE		
STREET ADDRESS	6735 SOUTH LOIS		2.3 STREET ADDRESS	SEBRING, FL 33870		
CITY-ST-ZIP	TAMPA FL 33616		2. 4 CITY-ST-ZIP	DEDICING, 12 33070		
TITLE	STD	DELETE	3.1 TITLE	Change Addition		
NAME	SWAINE, J M		3.2 NAME			
STREET ADDRESS	425 S COMMERCE AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL 33870		3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE	Change Addition		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u> </u>		
TITLE , '		DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME ~			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	ALC UT ALL LIFE TO THE RESIDENCE OF THE PROPERTY OF THE PROPER		6.4 CITY-ST-ZIP	d la Captia (10 07/2)(i): Flavida Clab too I forther position to be information		

TURE REQUIRED

Country

81 Name