


3-17-98 B3347 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004252 (2)**

1. Corporation Name

**FLORIDA AIRPORTS ASSOCIATION, INC.**



Principal Place of Business <b>108 E. JEFFERSON ST., SUITE A TALLAHASSEE FL 32301</b>	Mailing Address <b>108 E. JEFFERSON ST., SUITE A TALLAHASSEE FL 32301</b>
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3. Date Incorporated or Qualified

**08/30/1994**

4. FEI Number

**59-3267141**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COULTER, WILLIAM P  
108 E. JEFFERSON ST., SUITE A  
TALLAHASSEE FL 32301**

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 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PPD <input checked="" type="checkbox"/> DELETE
NAME	<b>SHEA, TIM</b>
STREET ADDRESS	<b>301 N. DYER BLVD., STE. 101</b>
CITY-ST-ZIP	<b>KISSIMEE FL</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, FRANK R.</b>
STREET ADDRESS	<b>2430 AIRPORT BLVD., STE. 225</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>BOWLING, FAYE</b>
STREET ADDRESS	<b>150 NORTH ALACHUA ST.</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	<b>BOWLING, FAYE</b>
STREET ADDRESS	<b>150 NORTH ALACHUA STREET</b>
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>
TITLE	EVD <input type="checkbox"/> DELETE
NAME	<b>COULTER, WILLIAM P</b>
STREET ADDRESS	<b>108 EAST JEFFERSON STREET - SUITE A</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	<b>PICCOLO, FREDRICK J.</b>
STREET ADDRESS	<b>6000 AIRPORT CIR.</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Miller, Frank R.</b>
1.3 STREET ADDRESS	<b>2430 Airport Blvd.-Suite 225</b>
1.4 CITY-ST-ZIP	<b>Pensacola, FL</b>
2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Bowling, Faye H.</b>
2.3 STREET ADDRESS	<b>150 North Alachua Street</b>
2.4 CITY-ST-ZIP	<b>Lake City, FL</b>
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Piccolo, Fredrick J.</b>
3.3 STREET ADDRESS	<b>6000 Airport Circle</b>
3.4 CITY-ST-ZIP	<b>Sarasota, FL</b>
4.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Lewis, Richard K.</b>
4.3 STREET ADDRESS	<b>1770 SW 60th Ave</b>
4.4 CITY-ST-ZIP	<b>Ocala, FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

3/11/98 8:50  
9/1/98

CR2E037 (10/97)