SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sanda B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # N94000005681 FLORIDA PRIVATE AIRPORTS ASSOCIATION, INC. Mailing Address Principal Place of Business 625 Lakeshore Bouleavard 625 Lakeshore Blvd. Kissimmee, FL 34744 Kissimmee, FL 34744 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/94 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3288249 Not Applicable 26 Suite, Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State 28 Trust Fund Contribution Added to Fees 23 This corporation has liability for intangible tax under s. 199.032, Country Country Zφ Zip Yes No 29 30 Florida Statutes 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 R. Parrick Phillips Street Address (P.O. Box Number is Not Acceptable) 200 N. Thornton Avenue Orlando, Florida 32801 83 Zip Code City 85 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 Section 617.0503, Florida Statutes. SIGNATURE DATE (NOTE Registe net sted when constained ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TITLE TOTALE Director/President 12 NAME Session, Ray NAME 625 Lakeshore Boulevard 1.3 STREET ADDRESS STREET ADDRESS 1 4 CITY-ST-ZIP Kissimmee, FL 34744 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE Dir./Sec./Treas. 2.2 NAME NAME Drewniany, Frank 2.3 STREET ADDRESS STREET ADDRESS 971 San Pedro Avenue 2 4 CITY - ST - ZIP CITY - ST - ZIP Coral Gables, FL Change Addition 3 1 T-TLE TITLE Director 3.2 NAME NAME Bell Charles 3.3 STREET ADDRESS STREET ADDRESS 5971 SE 158th Ct. 3.4 City-St ZIP CITY ST-ZIP Oklawaha, FL 32179 Change Addition 4 1 TifLE TITLE Director 4 2 NAME Goolsby, Jim 43 STREET ADDRESS Star Rt. 1, Box 153 C STREET ADDRESS Crescent City, FL 32112 4 4 CITY - ST - ZIP CITY - ST - ZIE Change Addition 5 1 TITLE THUE Director Highley, Bob 4175 Medulla Rd. NAME Box 6750 Lakeland Fl 33811 5 3 STREET ADDRESS <u>Lakeland, FL 33807</u> 5 4 CITY - ST - ZIP CITY - S1 - ZIP Addition DELETE 000001930140° -08/22/96--01092--040 6 1 TITLE TiULE Director 6.2 NAME Taylor, Sandra 63 STREET ADDRESS STREET ADDRESS 1 C Airway ***61.25 6.4 CITY - ST - ZIP Panama City, FL 32404 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes I further certify that the information indicated on this angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or pirector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and changed, or on an attachment with an address that my name appears in Blog

SIGNATURE: