863-763-6715

Daytime Phone #

1/8/2001

DOCUMENT # N9500004866 **FILED** 1. Entity Name Jan 17, 2001 8:00 am Secretary of State R. A. AIRPORT, INC. 01-17-2001 90001 041 ****61.25 Principal Place of Business Mailing Address 19975 NW 80TH DRIVE 19975 NW 80TH DRIVE OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 2. Principal Place of Business 3. Mailing Address 19840 NW 94th Drive 19840 NW 94th Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0649764 Not Applicable Okeechobee FI Okeechobee FI Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34972 34972 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Peggy J Hall Street Address (P.O. Box Number is Not Acceptable) BUSSELL, JAN S 19815 NW 80th Drive 19840 NW 80TH DR **OKEECHOBEE FL 34972** Zip Code 34972 City Okeechobee 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 1/8/2001 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Delete TITLE Change ☐ Addition TITLE V/T/D NAME WILLIAMS, GEORGE NAME Hall, Robert James STREET ADDRESS STREET ADDRESS 19535 NW 80TH DRIVE 19815 NW 80th Drive C!TY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL Okeechobee FL 34972 ☐ Change ☐ Addition TITLE TITLE NAME BUSSELL, JAN 8 NAME 19890 NW 80TH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34972 SD ☐ Delete TITLE ☐ Change ☐ Addition TITLE HALL, PEGGY NAME STREET ADDRESS STREET ADDRESS 19815 N.W. 80TH DR CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34972** ☐ Change Addition TD TITLE TITLE NAME MC GREGOR, DON NAME STREET ADDRESS 19458_NW 80TH DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34972** ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowere

Pessy & Hall Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR/