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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000004702**

1. Corporation Name
U.S.S. FORRESTAL SEA, AIR, SPACE MUSEUM, INC.

563534 - 90012 - 11

Principal Place of Business
~~P.O. Box 272289~~
~~4102 W. LINEBAUGH AVE. SUITE 160~~
TAMPA FL ~~33624~~ 33688-2289

Mailing Address P.O Box 272289
~~4102 W. LINEBAUGH AVE. SUITE 160~~
TAMPA FL ~~33624~~ 33688-2289

2. Principal Place of Business 21 3439 W. Hillsborough Ave. Suite, Apt. #, etc. 22 2nd Floor City & State 23 Tampa, FL 33614 Zip 24 Country 25	2a. Mailing Address 26 PO Box 272289 Suite, Apt. #, etc. 27 City & State 28 Tampa, FL 33688-2289 Zip 29 Country 30	3. Date Incorporated or Qualified 08/12/1998 4. FEI Number 59-3527952 5. Certificate of Status Desired ☐ 6. Election Campaign Financing Trust Fund Contribution ☐	☐ Applied For ☐ Not Applicable **$8.75** Additional Fee Required **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PREVATT, KAREN J 201 N FRANKLIN ST, SUITE 2505 TAMPA FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD OLSSON, NILS D 6215 CHAUNCY ST TAMPA FL 33647	☑ DELETE	1.1 TITLE D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairman John Kercher 5142 San Jose St. Tampa, FL 33629	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEININGER, H G 2012 E VIEW DRIVE SUN CITY CENTER FL 33573	☑ DELETE	2.1 TITLE D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice Chairman Fred Karl 201 N. Franklin St. Tampa, FL 33602	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, JOHN W 5110 GATEWAY BLVD TAMPA FL 33624	☑ DELETE	3.1 TITLE D 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Ronald Cavalier 4003 Cedar Cay Circle Valrico, FL 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE D 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Treasurer Terry Aidman 401 E. Jackson St. Suite 3400 Tampa, FL 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 4/14/99 222-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #