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APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # V24780 (1)

**1. Corporation Name
CANNON CREEK PILOTS ASSOCIATION, INC.**

**Principal Place of Business Mailing Address
RT. 15, BOX 1310 RT. 15, BOX 1310
LAKE CITY FL LAKE CITY FL**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/27/1992 3a. Date of Last Report 04/27/1994

2. Principal Place of Business 2a. Mailing Address
21 RR 18 Box 590 26 RR 18 Box 590
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
23 Lake City FL 28 Lake City FL
 City & State City & State
24 32025 25 USA 29 32025 30 USA
 Zip Country Zip Country

4. FEI Number 59-3172295 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SESSIONS, RAYMOND R.
RT. 15, BOX 1310
LAKE CITY FL 32055

10. Name and Address of New Registered Agent
81 Name Sessions, Raymond R
82 Street Address (P.O. Box Numbers Not Acceptable) Sisters Welcome Rd
83 RR 18 Box 590
84 City Lake City FL 85 Zip Code 32025

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SESSIONS, RAYMOND R.
STREET ADDRESS	RT. 15, BOX 1310
CITY - ST - ZIP	LAKE CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Sessions, Raymond R	
13 STREET ADDRESS	RR 18 Box 590	
14 CITY - ST - ZIP	Lake City FL 32025	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an addendum.

SIGNATURE: Raymond R. Sessions **4/5/95** **904 752 1957**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)