

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:18

DOCUMENT # 747513 (0)

1. Corporation Name

E.A.A. 635, OF DELAND, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
C/O BOB LEE AIRPORT.CR 15A C/O BOB LEE AIRPORT.CR 15A
P. O. BOX 843 P. O. BOX 843
DELAND FL 32721-7843 DELAND FL 32721-7843

3. Date Incorporated or Qualified 06/05/1979 3a. Date of Last Report 02/03/1994

4. FEI Number 59-2589636 Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 WILLIAM G. RACE
22 City & State 27 20 LAZY EIGHT DR.
23 Zip Country 28 DAYTONA BEACH FL
24 32124-6716 29 USA 30

9. Name and Address of Current Registered Agent

LEE, ROBERT M.
5000 BOB LEE AIRPORT ROAD
C.R. 15A, P.O. BOX 843
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name RACE, WILLIAM G.
82 Street Address (P.O. Box Number is Not Acceptable) 20 LAZY EIGHT DR.
83
84 City DAYTONA BEACH FL 85 Zip Code 32124-6716

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 *William G. Race*

1/21/95

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEE, ROBERT M.
STREET ADDRESS	500 BOB LEE AIRPORT RD.
CITY-ST-ZIP	DELAND FL
TITLE	VP
NAME	CORNWELL, O H "BERT"
STREET ADDRESS	907 E. RICH AVENUE
CITY-ST-ZIP	DELAND FL
TITLE	S
NAME	JAMIESON, CHARLES M.
STREET ADDRESS	506 HOGLE
CITY-ST-ZIP	DELAND FL
TITLE	D
NAME	VON BERNEWITZ, B.F.
STREET ADDRESS	718 RIVERSIDE DR.
CITY-ST-ZIP	ORMOND BCH. FL
TITLE	D
NAME	BROWN, CALVIN
STREET ADDRESS	2678 WILMHURST RD.
CITY-ST-ZIP	DELAND FL
TITLE	D
NAME	NERGE, HERBERT N.
STREET ADDRESS	2631 PALM TERRACE
CITY-ST-ZIP	DELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CORNWELL, O H "BERT"	
1.3 STREET ADDRESS	907 E. RICH AVE.	
1.4 CITY-ST-ZIP	DELAND FL 32724-4542	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BROWN, CALVIN	
2.3 STREET ADDRESS	2678 WILMHURST RD.	
2.4 CITY-ST-ZIP	DELAND FL 32720-1469	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		32720-3318
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RACE, WILLIAM G.	
5.3 STREET ADDRESS	20 LAZY EIGHT DR.	
5.4 CITY-ST-ZIP	DAYTONA BEACH FL 32124-6716	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MEEKER, FRED	
6.3 STREET ADDRESS	2620 EGRET VLG.	
6.4 CITY-ST-ZIP	DELAND FL 32720-4326	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no address.

SIGNATURE: *William G. Race*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-788-0074
TREASURER 1/21/95

DATE

DESIGNATION