

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # 747513 1. Corporation Name

E.A.A. 63	5, of Deland, Flori(DA, INC.							
Principal Place of Business		Mailing Address							
C/O BOB LEE AIRPORT.CR 15A P. O. BOX 843 DELAND FL 32721-7843		WILLIAM G. RACE 20 LAZY EIGHT DR. DAYTONA BEACH FL 32124-6716 US							
2. Principal Pla	ce of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 06/05/1979				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		_	4. FEI Number 59-2589636				
City & State		City & State			5. Certificate of Status Desired \$8				
Zip	Country 25	Zip 30	Country		6. Election Campaign Financing Trust Fund Contribution				
	9. Name and Address of Cu	rrent Registered Agent	81	,	10. Name and Address of New Registered Agent				
RACE, WILLIAM G. 20 LAZY EIGHT DR. C.R. 15A, P.O. BOX 843					Name Street Address (P.O. Box Number is Not Acceptable)				

FILED Mar 02, 1999 8:00 am § Secretary of State

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DAYTONA BEACH FL 32124			84	City	F	85 Zij	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS A	ND DIREC						
TITLE	P	XDELETE 1,1	TITLE		P	Chang	Addition					
NAME	CORNWELL, O H "BERT"	1.2	NAME		V1CKERS VAN							
STREET ADDRESS	907 E. RICH AVE.	1.3	STREET	ADORESS	20 SACKETT RD		1					
CITY-ST-ZIP	DELAND FL	1.4	CITY-ST	-ZIP	DEBARY FL 32713-4248							
TITLE		DELETE 2.1	TITLE I	IREC	TO CORNWELL O. H. "BERT"	Chang	Addition A					
NAME	BROWN, CALVIN	2.2	NAME		907 E. RICH AVE		1					
STREET ADDRESS	2678 WILMHURST RD.	2.3	STREET	ADDRESS	DELAND FL 32724-4542		1					
CITY-ST-ZIP	DELAND FL		CITY-S	r-ZIP	+V* 1 \							
TITLE	S	DELETE 3.1	TITLE			Chang	e					
NAME	JAMIESON, CHARLES M.	3.2	NAME	- 1			ļ					
STREET ADDRESS	506 HOGLE	3.3	STREET	ADDRESS	•		-					
CITY-ST-ZIP	DELAND FL		CITY-S	- ZIP								
TITLE	D	DELETE 4.1	TITLE			☐ Chang	e 🛄 Addition					
NAME	VONBERWITZ, B F	4. :	NAME									
STREET ADDRESS	3153 WHISPER BLVD.	4.3	STREET	ADDRESS								
CITY-ST-ZIP	DELAND FL		CITY-S1	- ZIP								
TITLE	T		TITLE	Ì		☐ Chang	e 🗆 Addition					
NAME	RACE, WILLIAM G.	1	NAME				ļ					
STREET ADDRESS	20 LAZY EIGHT DR.	5.3	STREET	ADDRESS								
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-\$1	-ZIP								
TITLE	, D	K Section	TITLE	ļ		Chang	e ☐ Addition					
NAME	MEEKER, FRED		NAMÉ]			ļ					
STREET ADDRESS	2620 EGRET VLG.	6.3	STREET	ADDRESS								
CITY-ST-ZIP	DELAND FL	6.4	CITY-ST	-ZiP	1 0 0 0 140 07000 Fl - id- Daha (6 dha							

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.

GNATURE:

| SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Destine Phone #

Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional