FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Apr 29, 1996 08:00 AM
Secretary of State

DOCUMENT # **701296** **(6)**

1. Corporation Name
PROPELLER CLUB INC

Principal Place of Business	Mailing Address
3900 COMMONWEALTH BLVD MS 600. 743C TALLAHASSEE FL 32399	3900 COMMONWEALTH BLVD MS 600. 743C TALLAHASSEE FL 32399

3. Date Incorporated or Qualified: 08/11/1960
3a. Date of Last Report: 07/10/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26:

4. FEI Number: 59-6140262 ☐ Applied For ☐ Not Applicable

22. Suite, Apt. #, etc.: MS 650, Room 753B
27. Suite, Apt. #, etc.: MS 650, Room 753B

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23. City & State:
28. City & State:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24. Zip: 25. Country: 29. Zip: 30. Country:

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

9. Name and Address of Current Registered Agent

KIDD, CLIFFORD S
3900 COMMONWEALTH BLVD
MS 605
TALLA. FL 32399

10. Name and Address of New Registered Agent

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	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ELLINGSEN, DONALD N.		1.2 NAME	
STREET ADDRESS	3900 COMMONWEALTH BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KIDD, CLIFFORD S		2.2 NAME	
STREET ADDRESS	3900 COMMONWEALTH BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHELFER, L.W.		3.2 NAME	
STREET ADDRESS	3900 COMMONWEALTH BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EARP,CURTIS D.		4.2 NAME	
STREET ADDRESS	3900 COMMONWEALTH BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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)(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.

SIGNATURE: Clifford S. Kidd — Clifford S. Kidd 4/23/96 904/488-5600 x41
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #