CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739656 (7)

1. Corporation Name
FLORIDA DISTRICT INC. PILOT CLUB INTERNATIONAL.

Principal Place of Business	Mailing Address
1445 MITCHELL AVE TALLAHASSE FL 32300 US	1445 MITCHELL AVE TALLAHASEE FL 32303 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

DIXON, DENE'
1445 MITHCELL AVE
TALLHASEE FL 32303

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 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 _____ 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	VD		11 TITLE	☐ Change ☐ Addition
NAME	DIXON, DENE'		12 NAME	
STREET ADDRESS	1445 MITCHELL AVE		13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSE FL		14 CITY-ST-ZIP	
TITLE	PD		21 TITLE	VD ☒ Change ☐ Addition
NAME	DUPREE, JUNE	D-E-L-E-T-E	22 NAME	MILLER, Nancy
STREET ADDRESS	197 DEER LAKE CIR		23 STREET ADDRESS	1402 Redbud Circle
CITY-ST-ZIP	ORMOND BCH FL		24 CITY-ST-ZIP	Plant City, FL 33566
TITLE	TD		31 TITLE	TD ☒ Change ☐ Addition
NAME	CAPPE, KAREN	D-E-L-E-T-E	32 NAME	TAYLOR, Leslie
STREET ADDRESS	2005 NW 38TH DR		33 STREET ADDRESS	P.O. Box 41417
CITY-ST-ZIP	GAINESVILLE FL		34 CITY-ST-ZIP	Earlton, Fl 32631
TITLE	SD		41 TITLE	SD ☒ Change ☐ Addition
NAME	POTTER, JANET	D-E-L-E-T-E	42 NAME	DIXON, Barmell
STREET ADDRESS	2231 MAGNOLIA AVE		43 STREET ADDRESS	P.O. Box 696 NP
CITY-ST-ZIP	S. DAYTONA FL		44 CITY-ST-ZIP	Brooksville, FL 34605
TITLE			51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE			61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			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)(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: Dene B. Dixon Dené B. Dixon, Governor 04/28/95 (904) 488-6036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027104