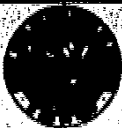


FILE NOW: FL 9502 FEE AFTER MAY 1 1995

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739656 (7)

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

Principal Place of Business 1445 MITCHELL AVE TALLAHASSEE FL 32303 US	Mailing Address 1445 MITCHELL AVE TALLAHASSEE FL 32303 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**DIXON, DENE'
1445 MITCHELL AVE
TALLAHASSEE FL 32303**

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	

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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	TALLAHASSEE FL	14 CITY - ST - ZIP	
TITLE	PO	21 TITLE	☒ Change ☐ Addition
NAME	DUPREE, JUNE	22 NAME	
STREET ADDRESS	197 DEER LAKE CIR	23 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	☒ Change ☐ Addition
NAME	CAPPE, KAREN	32 NAME	
STREET ADDRESS	2005 NW 38TH DR	33 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	34 CITY - ST - ZIP	
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	POTTER, JANET	42 NAME	
STREET ADDRESS	2231 MAGNOLIA AVE	43 STREET ADDRESS	
CITY - ST - ZIP	S. DAYTONA FL	44 CITY - ST - ZIP	
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 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 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 **Dene B. Dixon, Governor** **04/28/95** **(904) 488-6036**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR