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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:15

DOCUMENT # 740752 (1)

1. Corporation Name
ST. PETERSBURG POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
9 ISLAND DR. TREASURE ISLAND FL 33706-1202 US	9 ISLAND DR. TREASURE ISLAND FL 33706-1202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/10/1977
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-6149158 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CRISPELL, ALBERT E.
970 45TH AVENUE N.E.
ST PETERSBURG FL 33703

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	CD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	PETROCCO, ANTHONY	1.2 NAME	STEVENS, FRANCES	
STREET ADDRESS	4400 45TH STREET, S.	1.3 STREET ADDRESS	2023 IOWA, N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL.	
TITLE	ED	2.1 TITLE	EX	☒ Change ☐ Addition
NAME	STEVENS, FRANCES	2.2 NAME	HOLMES, WILLIAM	
STREET ADDRESS	2023 IOWA AVE., N.E.	2.3 STREET ADDRESS	6674 TANGLEWOOD DR, N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	LYTLE, GARY	3.2 NAME		
STREET ADDRESS	9 ISLAND DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	3.4 CITY-ST-ZIP		
TITLE	AD	4.1 TITLE	AD	☒ Change ☐ Addition
NAME	HOLMES, WILLIAM	4.2 NAME	FRANKLIN, ROBERT	
STREET ADDRESS	6674 TANGLEWOOD DR., N.E.	4.3 STREET ADDRESS	219 - 55 AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	ST. PETE BEACH, FL	
TITLE	ED/D	5.1 TITLE	ED/D	☒ Change ☐ Addition
NAME	YOUNG, NORMAN	5.2 NAME	SARSS, SELGA	
STREET ADDRESS	4728 BEACH DR., S.E., APT. A	5.3 STREET ADDRESS	1121 - 85 AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33704	
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	D'LOUHY, JACQUE	6.2 NAME		
STREET ADDRESS	1693 MANOR WAY S.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 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: [signature] GARY G. LYTLE 2 FEB 95 367-8835
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

0058703