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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 11/10/1977	3a. Date of Last Report: 02/10/1995
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
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 6807 16th St. NE	26 6807 16th St. NE
~~Suite~~, Apt. #, etc.: 22 A	~~Suite~~, Apt. #, etc.: 27 A
City & State: 23 St. Petersburg, FL	City & State: 28 St. Petersburg, FL
Zip: 24 33702 Country: 25 US	Zip: 29 33702 Country: 30 US

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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD STEVENS, FRANCES 2023 IOWA N.E. ST. PETERSBURG FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	TD EIBACH, WILLIAM 6807A 16th St. NE ST. PETERSBURG, FL 33702	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	E HOLMES, WILLIAM 6674 TANGLEWOOD DRIVE N.E. ST. PETERSBURG FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	CD 33702	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LYTLE, GARY 9 ISLAND DR. TREASURE ISLAND FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	AD 33706	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AD FRANKLIN, ROBERT 219-55 AVE ST. PETERSBURG FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	ED 33706	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED/D SAKSS, SELGA 1121-35 AVE., N. ST. PETERSBURG FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	 33704	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD D'LOUHY, JACQUE 1693 MANOR WAY S. ST. PETERSBURG FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	SD REESE, CAROLYN 544 PINELLAS BAYWAY #205 TIERRA VERDE, FL 33715	☐ Change ☒ Addition

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)(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: William J. Eibach WILLIAM J. EIBACH, TD 1/31/96 (813)525-0968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #