


FILE NOW: FILING FEE IS \$61.25

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90152 044 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 768397					
1. Corporation Name SRQ PILOTS AND ASSOCIATES, INC.					
Principal Place of Business SARASOTA BRADENTON INT'L AIRPORT MCCLUREAAY AUDITORIUM SARASOTA FL 34243 US			Mailing Address P O BOX 710 TALLEVAST FL 34270 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 SARASOTA BRADENTON INT'L AIRPORT		26		05/11/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 6000 AIRPORT CIRCLE		27		59-2346391	
City & State		City & State		Applied For	
23 SARASOTA FLORIDA 34243		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34243		25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRUWELL, MARK A 747 N WASHINGTON BLVD SARASOTA FL 34236				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGER, SUSAN	1.2 NAME	SMITH, CHERYL
STREET ADDRESS	6601 35TH AVE W	1.3 STREET ADDRESS	2262 CONSTITUTION BOULEVARD
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILBO, SHERMAN	2.2 NAME	
STREET ADDRESS	6601 35 AVE W	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENTZ, PHILLIP	3.2 NAME	
STREET ADDRESS	8683 WOODBRIAR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUWEL, MARK A	4.2 NAME	
STREET ADDRESS	747 N WASHINGTON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACH, CLAY	5.2 NAME	
STREET ADDRESS	4820 CAMUS STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STICHT, MARK	6.2 NAME	
STREET ADDRESS	1655 LAUREL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Philip S. Mentz* **PHILLIP S. MENTZ** **APRIL 30, 1999** (941) 923-9761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)