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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N93000001839 (0)**

1. Corporation Name
GULF BREEZE POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
1090 PARK LANE GULF BREEZE FL 32561	1090 PARK LANE GULF BREEZE FL 32561-3332

3. Date Incorporated or Qualified: **04/23/1993**
3a. Date of Last Report: **05/24/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-3125505** ☐ 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

9. Name and Address of Current Registered Agent

KOTICK, ROBERT E SR.
1090 PARK LANE
GULF BREEZE FL 32561

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KIMMEL, ARTHUR L		1.2 NAME		
STREET ADDRESS	3465 SHANNON PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUSH, DALE E		2.2 NAME		
STREET ADDRESS	3121 OXFORD CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, WLATER		3.2 NAME	SMITH, WALTER	
STREET ADDRESS	3430 ARIZONA DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, JOHN C		4.2 NAME		
STREET ADDRESS	3911 WEST MADURA		4.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SPRINKLE, MARGARET		5.2 NAME	LAEHR, ARTHUR E.	
STREET ADDRESS	1692 COLLEGE PARKWAY		5.3 STREET ADDRESS	8641 MEADOWBROOK DR	
CITY-ST-ZIP	GULF BREEZE FL 32561		5.4 CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROANTREE, JOAN		6.2 NAME		
STREET ADDRESS	4740 HURON DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074173