02221999-90039-049-$61.25-$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90039 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001839

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 5774 DUNBAR	26 5774 DUNBAR	04/23/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3125505 ☐ Applied For ☐ Not Applicable
City & State 23 MILTON FL	City & State 28 MILTON FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 32683 25 USA	Zip / Country 29 32683 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOTICK, ROBERT E SR. 1090 PARK LANE GULF BREEZE FL 32561	81 Name WALTER J SMITH 82 Street Address (P.O. Box Number is Not Acceptable) 5774 DUNBAR CIR 83 84 City MILTON FL 85 Zip Code 32583

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 [signature] WALTER J. SMITH 1-13-99
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIMMEL, ARTHUR L 3465 SHANNON PL PENSACOLA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D EXECUTIVE OFFICER THEIS, STEPHEN 1045 EDGEWATER LANE GULF BREEZE, FL 32561-9311	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSH, DALE E 3121 OXFORD CIRCLE PENSACOLA FL 32503	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ADMINISTRATIVE OFFICER DON GAIRING 3111 BRITAINY PLACE PENSACOLA, FL 32504-4947	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, WALTER 3430 ARIZONA DR PENSACOLA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Cmdr SMITH WALTER 102 E. GARDEN ST. PENSACOLA, FL 32501	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, JOHN C 3911 WEST MADURA GULF BREEZE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D TREASURER TERRI TONGCO 5411 SOUNDSIDE DR GULF BREEZE, FL 32561-9532	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAEHR, ARTHUR E 8641 MEADOWBROOK DR PENSACOLA FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D SECRETARY JACK GREEN 125 EUFAULA ST. GULF BREEZE, FL 32561-4109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEIER, TERRY J 1157 SEABREEZE LN GULF BREEZE FL 32561	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D EDUCATION OFFICER JOHN GRIFFIN 3911 W. MADURA GULF BREEZE, FL 32561	☒ Change ☐ Addition TITLE ONLY

CR2E037 (11/98)

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: [signature] WALTER J SMITH 1-13-99 850-432-7062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #