FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:41

DOCUMENT # 735885 (6)

1. Corporation Name
BRANDON MODEL FLYERS, INCORPORATED

Principal Place of Business	Mailing Address
515 EAST BENTRIDGE DRIVE BRANDON FL 33510 US	515 EAST BENTRIDGE DRIVE BRANDON FL 33510 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1789103 ☐ 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 ☑ ~~$600.75~~ Supplemental Fee Not Required 6/25
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

GOODMAN, HAROLD
515 EAST BENTRIDGE DRIVE
BRANDON FL 33510

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	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MILLER, LUCIEN	1.2 NAME	EUGENE T. SANCHEZ	
STREET ADDRESS	8338 SHENANDOAH RUN	1.3 STREET ADDRESS	411 TOMAHAWK TRAIL	
CITY-ST-ZIP	WESLEY CHAPEL FL	1.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, ED	2.2 NAME		
STREET ADDRESS	2624 DURANT OAKS DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	GOODMAN, HAROLD	3.2 NAME		
STREET ADDRESS	515 EAST BENTRIDGE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	SAIFF, JIM	4.2 NAME		
STREET ADDRESS	13433-C GOUVERNORS DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☑ Change ☐ Addition
NAME	RUAK, ED	5.2 NAME	ROB LITTLE	
STREET ADDRESS	2815 AQUILA STREET	5.3 STREET ADDRESS	205 REMANANT DRIVE	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	SANCHEZ, GENE	6.2 NAME	~~[illegible]~~ ROB WALKER	
STREET ADDRESS	411 TOMAHAWK TRAIL	6.3 STREET ADDRESS	13316 RALEIGH ROAD	
CITY-ST-ZIP	BRANDON FL	6.4 CITY-ST-ZIP	~~[illegible]~~ POLK, FL 33579	

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: Eugene T. Sanchez EUGENE T. SANCHEZ PRESIDENT 2/24/95 (813) 685-8501
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0063073