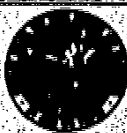


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 11:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 728875 (6)
1. Corporation Name
**WEST PASCO MODEL PILOTS ASSOCIATION, INCORPORATE
D**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1974	3a. Date of Last Report 04/13/1994
4. FEI Number 59-1603184	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 ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
9908 ST. JOSEPH CT NEW PORT RICHEY FL 34655 US		9908 ST. JOSEPH CT NEW PORT RICHEY FL 34655 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	21a. Suite, Apt. #, etc.
21	21a	22	22a
City & State	City & State	City & State	City & State
23	23a	24	24a
Zip	Country	Zip	Country
24	24a	25	25a

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIK, HENRY
MERRILL, RICHAD
257 WILWOOD CA
LUTZ FL 33549**

81. Name WEIK, HENRY
82. Street Address (P.O. Box Number is Not Acceptable) 9908 ST. JOSEPH CT
83. City NEW PORT RICHEY FL
84. Zip Code 34655

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

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 PD	MERRILL, RICHARD	1.1 TITLE PD	ROBERT WALKINSHAW ☒ Change ☐ Addition
NAME		1.2 NAME	8511 YEARLING LN
STREET ADDRESS		1.3 STREET ADDRESS	NEW PORT RICHEY, FL. 34653
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPD	FLOW, PAUL	2.1 TITLE VPD	FRANK SPOZATE ☒ Change ☐ Addition
NAME		2.2 NAME	8220 SULKY CT
STREET ADDRESS		2.3 STREET ADDRESS	PORT RICHEY, FL. 34668
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	WALKINGSHAW, BUD	3.1 TITLE SD	FRANK LA ROSSA ☒ Change ☐ Addition
NAME		3.2 NAME	4936 FLEETWOOD ST.
STREET ADDRESS		3.3 STREET ADDRESS	NEW PORT RICHEY, FL. 34653
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TD	WEIK, HENRY	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Henry Weik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY WEIK

4/12/95

813 372 8970

Date

Telephone Area #