

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED

98 NOV 23 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 48528  
1. Corporation Name  
STUART FLYROPPERS, INC.

Principal Place of Business Mailing Address  
3286 S.W. PERIMETER RD.  
PALM CITY, FL. 34990

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 3286 S.W. PERIMETER RD  
22 City & State SAME -> 27 Suite, Apt. #, etc.  
23 City & State PALM CITY, FL 28 City & State  
24 Zip 25 Country 29 34990 30 USA

3. Date incorporated or Qualified 14 APR. 1992  
4. FEI Number 65-0415905 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SOUTHERN ANGLER  
NORTH STUART PLAZA  
1700 N.W. FEDERAL HIGHWAY  
STUART, FLA. 34994

10. Name and Address of New Registered Agent

81 Name C/O S. PETERSEN  
82 Street Address (P.O. Box Number is Not Acceptable) 3286 S.W. PERIMETER RD.  
83  
84 City PALM CITY FL 85 Zip Code 34990

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 STEPHEN T. PETERSEN / TREASURER  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

9-04-98  
DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
1. DON EVANS / PRESIDENT / DIRECTOR 10600 SOUTH OCEAN DR., APT. 901 JENSEN BEACH, FL 34957  
2. VICE PRESIDENT / DIRECTOR DAVE BURNS 1226 SW. 25TH LANE, PALM CITY, FL  
3. SECRETARY / DIRECTOR MIKE HOLLIDAY 512 S.E. EDGEWOOD DR. STUART, FL  
4. TREASURER / DIRECTOR STEVE PETERSEN FL 34990 3286 SW. PERIMETER RD. PALM CITY  
5. DELETE  
6. DELETE  
7. DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  
400002699074--3  
-12/01/98--01061--027  
\*61.25  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: STEPHEN T. PETERSEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-04-98 561-283-0483  
Date Daytime Phone #

CR2E037 (5/98)