

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90180 008 \*\*\*\*61.25

0048590

**DOCUMENT # 735885**

1. Corporation Name

**BRANDON MODEL FLYERS, INCORPORATED**

Principal Place of Business

11500 SUMMIT W BLVD  
19E  
TAMPA FL 33617  
US

Mailing Address

12106 FRUITWOOD DR  
APT. 19 E  
RIVERVIEW FL 33569  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24  
BRUNNER, DAVID  
12106 FRUITWOOD DR  
APT 19E  
RIVERVIEW FL 33569

2a. Mailing Address

26 515 E. BRENTRIDGE DR  
Suite, Apt. #, etc.

27 City & State

28 BRANDON, FL  
Zip Country

29 33511 30 HILLS.

3. Date Incorporated or Qualified

05/21/1976

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

HAROLD GOODMAN

82 Street Address (P.O. Box Number is Not Acceptable)

83

515 E. BRENTRIDGE DR.

84 City

BRANDON

FL

85 Zip Code

33511

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

*Harold Goodman*

1-20-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ZIEGLER, DAVID M.  
STREET ADDRESS 1310 RUSTLING OAKS DR.  
CITY-ST-ZIP BRANDON FL

☒ DELETE

TITLE T  
NAME BRUNNER, DAVID  
STREET ADDRESS 12106 FRUITWOOD DR  
CITY-ST-ZIP RIVERVIEW FL 33569

☒ DELETE

TITLE D  
NAME BLAIR, DOUG  
STREET ADDRESS 226 FAITHWAY DR  
CITY-ST-ZIP SEFFNER FL 33584

☒ DELETE

TITLE D  
NAME LITTLE, BOB  
STREET ADDRESS 205 REMBRANDT DRIVE  
CITY-ST-ZIP BRANDON FL

☒ DELETE

TITLE VP  
NAME WALDON, BOB  
STREET ADDRESS 13316 RAULERSON ROAD  
CITY-ST-ZIP DOVER FL

☒ DELETE

TITLE P  
NAME HALL, KEITH  
STREET ADDRESS 11500 SUMMIT W BLVD #19E  
CITY-ST-ZIP TAMPA FL 33617

☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME ROLANDO PEREZ  
1.3 STREET ADDRESS 1106 HULL AVE  
1.4 CITY-ST-ZIP SEFFNER, FL 33511

☒ Change ☐ Addition

2.1 TITLE VP  
2.2 NAME EDW. BROWN  
2.3 STREET ADDRESS 118 VALLEY CIRCLE  
2.4 CITY-ST-ZIP BRANDON FL 33510

☒ Change ☐ Addition

3.1 TITLE T  
3.2 NAME HAROLD GOODMAN  
3.3 STREET ADDRESS 515 E. BRENTRIDGE DR.  
3.4 CITY-ST-ZIP BRANDON FL 33511

☒ Change ☐ Addition

4.1 TITLE S/D  
4.2 NAME JAMES SAIFF  
4.3 STREET ADDRESS 2727 W. FLETCHER - APT 25C  
4.4 CITY-ST-ZIP TAMPA FL 33618

☒ Change ☐ Addition

5.1 TITLE D  
5.2 NAME ROBERT BLACKBURN  
5.3 STREET ADDRESS 201 RICE RD  
5.4 CITY-ST-ZIP RIVERVIEW FL 33569

☒ Change ☐ Addition

6.1 TITLE D  
6.2 NAME HENRY BURNSIDE  
6.3 STREET ADDRESS 4112 PORPOISED  
6.4 CITY-ST-ZIP TAMPA FL 33617

☒ Change ☐ Addition

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:

*Harold Goodman* 1-20-99 (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 681-2087

CR2E037 (11/98)