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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

Filed
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT -6 AM 10:46

DOCUMENT # N48528

1. Corporation Name
STUART FLYRODDERS, INC.

Principal Place of Business	Mailing Address
~~3288 S.W. PERIMETER ROAD~~ PALM CITY FL 34990	~~3288 S.W. PERIMETER ROAD~~ ~~PALM CITY FL 34990~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 SOUTHERN ANGLER	26 3585 S.E. ST. LUCIE BLVD	04/20/1992
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0415905 ☐ Applied For ☐ Not Applicable
23 City & State STUART FL.	28 City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 34997 25 Country U.S.	29 Zip 30 Country	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
PETERSON, S. 3288 S.W. PERIMETER ROAD PALM CITY FL 34990	81 Name MATT BAGLEY 82 Street Address (P.O. Box Number Is Not Acceptable) 3585 S.E. ST LUCIE BLVD 83 84 City STUART FL 85 Zip Code 34997

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 JAMES M. BAGLEY 09-30-99
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	PD	☑ DELETE	1.1 TITLE	PD.	☐ Change ☐ Addition
NAME	EVANS, DON		1.2 NAME	RICHARD DEVITO	
STREET ADDRESS	10600 SOUTH OCEAN DRIVE, APT. 901		1.3 STREET ADDRESS	3585 S.E. ST LUCIE BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34957		1.4 CITY-ST-ZIP	STUART FL. 34997	
TITLE	VPD	☑ DELETE	2.1 TITLE	VPD.	☐ Change ☐ Addition
NAME	EVANS, DAVE		2.2 NAME	SAM MULLINAX	
STREET ADDRESS	1220 S.W. 25TH LANE		2.3 STREET ADDRESS	3585 S.E. ~~MAPLE~~ ST. LUCIE BLVD.	
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	STUART FL. 34997	
TITLE	SD	~~DELETE~~	3.1 TITLE	SD.	☐ Change ☐ Addition
NAME	HOLLIDAY, MIKE	SAME	3.2 NAME	MIKE HOLLIDAY	
STREET ADDRESS	512 S.E. EDGEWOOD DRIVE		3.3 STREET ADDRESS	512 S.E. EDGEWOOD DR.	
CITY-ST-ZIP	STUART FL		3.4 CITY-ST-ZIP	STUART FL. 34997	
TITLE	TD	☑ DELETE	4.1 TITLE	TD.	☐ Change ☐ Addition
NAME	PETERSEN, STEVE		4.2 NAME	MATT BAGLEY	
STREET ADDRESS	3288 S.W. PERIMETER ROAD		4.3 STREET ADDRESS	1131 S.E. ASTORWOOD PL	
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-ST-ZIP	STUART FL. 34994	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 REQUIRED JAMES M. BAGLEY 08-06-99 561 223 1300
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #