FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **463935** **(7)**

1. Corporate Name
94TH AERO SQUADRON OF PINELLAS COUNTY, INC.

Principal Place of Business	Mailing Address
4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807	4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/22/1974**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **94-2328498**	☐ 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
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

21		26	
2. Principal Place of Business		2a. Mailing Address	
22		27	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23		28	
City & State		City & State	
24	25	29	30
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 Section 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

(If changing Registered Agent, New Registered Agent must sign above) (If changing Registered Agent, Former Registered Agent must sign above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN U
TYPE	PD	TYPE ☐ Change ☐ Addition
NAME	TALLICHET, DAVID C., JR.	NAME
STREET ADDRESS	4155 E LA PALMA AVE #250	STREET ADDRESS
CITY ST ZIP	ANAHEIM CA	CITY ST ZIP
TYPE	DV	TYPE ☐ Change ☐ Addition
NAME	TALLICHET, CECILIA	NAME
STREET ADDRESS	4155 E LA PALMA AVE #250	STREET ADDRESS
CITY ST ZIP	ANAHEIM CA	CITY ST ZIP
TYPE	AS	TYPE ☐ Change ☐ Addition
NAME	MCMAHON, JUDITH	NAME
STREET ADDRESS	4155 E LA PALMA AVE #250	STREET ADDRESS
CITY ST ZIP	ANAHEIM CA	CITY ST ZIP
TYPE	AT	TYPE ☐ Change ☐ Addition
NAME	ROYSE, BOB D	NAME
STREET ADDRESS	4155 E LA PALMA AVE #250	STREET ADDRESS
CITY ST ZIP	ANAHEIM CA	CITY ST ZIP
TYPE	ST	TYPE ☐ Change ☐ Addition
NAME	TALLICHET, CECILIA	NAME
STREET ADDRESS	4155 E LA PALMA AVE #250	STREET ADDRESS
CITY ST ZIP	ANAHEIM CA	CITY ST ZIP
TYPE		TYPE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY ST ZIP		CITY ST ZIP

14. I/We hereby certify that the information supplied with this filing is accurate and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I/We further certify that the information indicated on this report or supplemental report is true and accurate and that my/our 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Cecilia Tallichet V.P. Cecilia Tallichet 4-21-95 714 579 3702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0393200 CP