FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:10

DOCUMENT # 700037 (5)

1. Corporation Name
PILOT CLUB OF MARIANNA INC

Principal Place of Business	Mailing Address
P O BOX 262 MARIANNA FL 32446	P O BOX 262 MARIANNA FL 32447

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1959
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-6173296 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29): 32447 / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREEN, MAMIE
2914 Evergreen Lane
MARIANNA FL 32446

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 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: Mamie Green — 2/28/95
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	P	11 TITLE	P	☒ Change ☐ Addition
NAME	LEWIS, JOY	12 NAME	Tann, Leanne	
STREET ADDRESS	3009 SECOND AVE.	13 STREET ADDRESS	4948 Flynt Drive	
CITY-ST-ZIP	MARIANNA FL	14 CITY-ST-ZIP	Marianna,Florida 32446	
TITLE	V	21 TITLE	D	☒ Change ☐ Addition
NAME	TANN, LEANNE	22 NAME	Gail Sills	
STREET ADDRESS	4948 FLYNNT DRIVE	23 STREET ADDRESS	5114 President's Circle	
CITY-ST-ZIP	MARIANNA FL	24 CITY-ST-ZIP	Marianna,Florida 32447	
NAME	GREEN, MAMIE	32 NAME	Karen Dean	☒ Change ☐ Addition
STREET ADDRESS	2914 EVERGREEN LANE	33 STREET ADDRESS	3772 Highway 71	
CITY-ST-ZIP	MARIANNA FL	34 CITY-ST-ZIP	Marianna,Florida 32446	
TITLE	T	41 TITLE	T	☐ Change ☐ Addition
NAME	TANNER, GERRY	42 NAME	Tanner, Gerry	
STREET ADDRESS	3425 HIGHWAY 73	43 STREET ADDRESS	3425 Hwy 73	
CITY-ST-ZIP	MARIANNA FL	44 CITY-ST-ZIP	Marianna,Florida 32446	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	MATHIS, PEGGY	52 NAME	Green, Mamie	
STREET ADDRESS	4700 THE OAKS DRIVE	53 STREET ADDRESS	2914 Evergreen Lane	
CITY-ST-ZIP	MARIANNA FL	54 CITY-ST-ZIP	Marianna,Florida 32446	
TITLE	D	61 TITLE	D	☐ Change ☐ Addition
NAME	HILTON, RENEA	62 NAME	Hilton, Renea	
STREET ADDRESS	2355 MARTIN ROAD	63 STREET ADDRESS	2355 Martin Road	
CITY-ST-ZIP	MARIANNA FL	64 CITY-ST-ZIP	Marianna,Florida 32440	

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)(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: Gerry Tanner — Feb. 24, 1995 — (904)482-1258
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #