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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:13

DOCUMENT # 706419 (9)

1. Corporation Name
SUNCOAST AERO MODELERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5147 CLEARWATER FL 34618	P.O. BOX 5147 CLEARWATER FL 34618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1963
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2491412 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

LECHNER, BERNARD J., ATTY.
1243 LAKEVIEW ROAD
CLEARWATER FL 34616

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROUISSE, EDMOND	1.2 NAME	JACK JEROME	
STREET ADDRESS	1395 BROWING ST	1.3 STREET ADDRESS	2871 DOONE CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	JEROME, JACK	2.2 NAME	BERTRAM SCHULTZ	
STREET ADDRESS	2871 DOONE CIR	2.3 STREET ADDRESS	909 LINN HARBOR CT.	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
TITLE	SD	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	WORDON, THEODORE	3.2 NAME		
STREET ADDRESS	916 MAINSAIL WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	MCINTYRE, BRUCE R.	4.2 NAME	RICHARD L. SLOGGETT	
STREET ADDRESS	111 TIMBER CIRCLE	4.3 STREET ADDRESS	3537 WOODMUSE DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	HOLIDAY, FL 34691	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SPIRES, RICHARD	5.2 NAME	CHARLES DeBLAKER	
STREET ADDRESS	2039 RAINBOW FARMS DR	5.3 STREET ADDRESS	808 BAYSHORE BLVD.	
CITY-ST-ZIP	SAFETY HARBOR FL	5.4 CITY-ST-ZIP	CLEARWATER, FL 34619	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WEISS, ELDON	6.2 NAME	BRUCE McINTYRE	
STREET ADDRESS	1277 WESTLAKE BLVD	6.3 STREET ADDRESS	111 TIMBER CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695	

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: Richard L. Sloggett 1/25/95 (813)937-5399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD L. SLOGGETT

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