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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **706419** (9)

1. Corporation Name

SUNCOAST AERO MODELERS, INC.

Principal Place of Business

P.O. BOX 5147
CLEARWATER FL 34618

Mailing Address

P.O. BOX 5147
CLEARWATER FL 34618-5147



3. Date Incorporated or Qualified
11/20/1963

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LECHNER, BERNARD J., ATTY.
1243 LAKEVIEW ROAD
CLEARWATER FL 34618

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 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

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
NAME **PILZ, WILLIAM**
STREET ADDRESS **2030 HIDDEN LAKE DR.**
CITY-ST-ZIP **PALM HARBOR FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **KADONSKY, FRANCIS**
STREET ADDRESS **3414 SWEETWATER TRAIL**
CITY-ST-ZIP **CLEARWATER FL**

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **WATTLEWORTH, ROBERT**
2.3 STREET ADDRESS **1309 HILLSIDE DR.**
2.4 CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **SD** ☐ DELETE
NAME **WORDON, THEODORE**
STREET ADDRESS **916 MAINSAIL WAY**
CITY-ST-ZIP **PALM HARBOR FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **3121 TANGLEWOOD TRAIL**
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **SLOGGETT, RICHARD L**
STREET ADDRESS **3537 WOODMUSE DR**
CITY-ST-ZIP **HOLIDAY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HUGHES, JACK**
STREET ADDRESS **3882 TALAH DR.**
CITY-ST-ZIP **PALM HARBOR FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **LUECKE, WELTON**
5.3 STREET ADDRESS **3936 TARPON POINT CIR.**
5.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **D** ☒ DELETE
NAME **WATTLEWORTH, ROBERT**
STREET ADDRESS **1309 HILLSIDE DR.**
CITY-ST-ZIP **TARPON SPRINGS FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **WEISS, ELDEN**
6.3 STREET ADDRESS **2701 REGENCY OAKS BLVD.**
6.4 CITY-ST-ZIP **CLEARWATER, FL 34619**

14. I do 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.

SIGNATURE: **RICHARD L. SLOGGETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0087008**

1/10/97 (813) 937-5399

CR2E037 (9/96)