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 12:57

DOCUMENT # 708701 (8)

1. Corporation Name
TALLAHASSEE POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
2005 DYREHAVEN DR TALLAHASSEE FL 32301 US	2005 DYREHAVEN DR TALLAHASSEE FL 32301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1965
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-6149383 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: ROUTE 14 BOX 347 X	2a. Mailing Address 26: ROUTE 14 BOX 347 X
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: TALLAHASSEE FL	City & State 28: TALLAHASSEE FL
Zip 24: 32304 Country 25: U.S.A.	Zip 29: 32304 Country 30: USA

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

9. Name and Address of Current Registered Agent

BELTON, CALVIN
1125 CARRIN DRIVE
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 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	~~P~~	1.1 TITLE	P ☑ Change ☐ Addition
NAME	DAWS, S G	1.2 NAME	
STREET ADDRESS	RT 14 BOX 347 X	1.3 STREET ADDRESS	RT 14 BOX 347 X
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	32304
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, WILLIAM H.	2.2 NAME	
STREET ADDRESS	2335 MEATH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☑ Change ☐ Addition
NAME	IRVIN, C. ALAN	3.2 NAME	
STREET ADDRESS	~~2502 KILLARNEY WAY~~	3.3 STREET ADDRESS	P.O. BOX 20042 N/A
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	32316-0042
TITLE	~~PD~~	4.1 TITLE	D ☐ Change ☐ Addition
NAME	REEDER, DONALD E JR	4.2 NAME	
STREET ADDRESS	2005 DYREHAVEN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BELTON, CALVIN W.	5.2 NAME	
STREET ADDRESS	1125 CARRIN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☑ Change ☐ Addition
NAME	STROBEL, GARY	6.2 NAME	RANDALL W. SMITH
STREET ADDRESS	1504 HICKORY AVENUE	6.3 STREET ADDRESS	1020 E. LAFAYETTE ST, #208
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	TALLAHASSEE FL 32301

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: C. Alan Irvin C. ALAN IRVIN 1/29/95 (904) 413-2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027840