

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90003 050 ****61.25

DOCUMENT # 710448

1. Corporation Name

DAYTONA BEACH COMPOSITE SQUADRON INC

Principal Place of Business

1612 AVIATION CENTER PARKWAY
P.O. BOX 1048
DAYTONA BEACH FL 32115-1048

Mailing Address

1612 AVIATION CENTER PARKWAY
P.O. BOX 1048
DAYTONA BEACH FL 32115-1048



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/01/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, MERRITT H
631 S RIDGEWOOD AVE
DAYTONA BEACH FL 32014

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 **CDPD** ☒ DELETE
NAME **HAAS, FRANK N.**
STREET ADDRESS **413 RIVERSIDE DRIVE**
CITY-ST-ZIP **HOLLY HILL FL**

1.1 TITLE **CDPD** ☒ Change ☐ Addition
1.2 NAME **Bayne, John E.**
1.3 STREET ADDRESS **1415 Ocean Shore Blvd.**
1.4 CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **D** ☒ DELETE
NAME **PEAKE, ROBERT T**
STREET ADDRESS **216 BRITTANY AVE**
CITY-ST-ZIP **PORT ORANGE, FL 00000**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **Vola, Cesare M.**
2.3 STREET ADDRESS **970 Samms Ave.**
2.4 CITY-ST-ZIP **Port Orange, FL 32119**

TITLE **SD** ☒ DELETE
NAME **O'DONNELL, MARTIN**
STREET ADDRESS **875 DERBYSHIRE #102**
CITY-ST-ZIP **DAYTONA BEACH FL**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Peterson, Jeff**
3.3 STREET ADDRESS **12 Crampton Ct.**
3.4 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **TD** ☐ DELETE
NAME **HAND, BENJAMIN**
STREET ADDRESS **555 W GRANADA BLVD., SUITE E-3**
CITY-ST-ZIP **ORMOND BEACH FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Ben Hand 4-12-99 904-673-4154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)