

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 715974 (2)

1. Corporation Name
THE IMPERIAL RADIO CONTROL CLUB, INC.



| | |
|---|---|
| Principal Place of Business PO BOX 6662 LAKELAND FL 33807 | Mailing Address PO BOX 6662 LAKELAND FL 33807 |
|---|---|

3. Date Incorporated or Qualified
01/31/1969

| | | |
|------------------------------------|---|---|
| 4. FEI Number 51-0205427 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**MELAND, RICHARD A.
 826 WEDGEWOOD
 LAKELAND FL 33803**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Miller, Dee |
| 82 Street Address (P.O. Box Number is Not Acceptable) 86 Shadow Lane |
| 83 |
| 84 City Lakeland |
| 85 State FL |
| 86 Zip Code 33813 |

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 **Dee Miller** (Signature, typed or printed name of registered agent and title if applicable)
 [Signature] (NOTE: Registered Agent signature required when reinstating)
 DATE **3/5/98**

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | SMITH, JAMES |
| STREET ADDRESS | 4505 FOREST DR. |
| CITY-ST-ZIP | MULBERRY FL |
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | MILLER, DEE |
| STREET ADDRESS | 86 SHADOW LANE |
| CITY-ST-ZIP | LAKELAND FL |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | HOLDER, GEORGE |
| STREET ADDRESS | PO BOX 5901 N/A |
| CITY-ST-ZIP | LAKELAND FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | MINTZ, WILLIAM |
| STREET ADDRESS | 111 ELM SQUARE SOUTH |
| CITY-ST-ZIP | LAKELAND FL |
| TITLE | V <input checked="" type="checkbox"/> DELETE |
| NAME | PATTERSON, CHARLES |
| STREET ADDRESS | 928 FOREST LAKE DRIVE |
| CITY-ST-ZIP | LAKELAND FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BURDIN, JOHN |
| STREET ADDRESS | POST OFFICE BOX 5335 N/A |
| CITY-ST-ZIP | LAKELAND FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Skinner, Norman |
| 3.3 STREET ADDRESS | 117 Woodside Drive |
| 3.4 CITY-ST-ZIP | Lakeland Florida 33813 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Jim Nunnallee |
| 5.3 STREET ADDRESS | 300 N.E. Third St |
| 5.4 CITY-ST-ZIP | Ft. Meade, Florida 33841 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **William Mintz** (Signature)
 DATE: **2/26/98** 941-646-6406

CR2E037 (10/97)