

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90018 047 \*\*\*\*61.25

DOCUMENT # 732728

1. Corporation Name

LA DRONES, INC.

Principal Place of Business

90- 4TH STREET  
#765  
EAGLE LAKE FL 33839

Mailing Address

90- 4TH STREET  
#765  
EAGLE LAKE FL 33839

5 85421 5 4 2 1 \*  
585421 - 90018 - 47



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 90 4th Street		26 P.O. Box 765		05/09/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-6607251	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3 Eagle Lake FL		28 Eagle Lake FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
4 33839-0765 25 USA		29 33839-0765 30 USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, BLAIR  
3002 AVE G, NW  
WINTER HAVEN FL 33880

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSI, CHARLIE	1.2 NAME	
STREET ADDRESS	370 ECHO E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, BLAIR	2.2 NAME	
STREET ADDRESS	3002 AVENUE G NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, LLOYD W.	3.2 NAME	
STREET ADDRESS	621 AVENUE M SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWLE, GREG	4.2 NAME	
STREET ADDRESS	940 8TH STREET NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES R.	5.2 NAME	
STREET ADDRESS	101 MARJORIE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDAL FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATTERFIELD, DEAN	6.2 NAME	
STREET ADDRESS	330 LAKE SHORE WAY N	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ALFRED FL	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:

Blair Richards  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1 1999 941-293-7601  
Date Daytime Phone #

CR2E037 (5/99)