

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 MAR -8 PM 3:41

DOCUMENT # 735885 (6)

1. Corporation Name

BRANDON MODEL FLYERS, INCORPORATED

Principal Place of Business

515 EAST BENTRIDGE DRIVE
BRANDON FL 33510
US

Mailing Address

515 EAST BENTRIDGE DRIVE
BRANDON FL 33510
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1976

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1789103

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

☒

\$88.75 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

10. Name and Address of New Registered Agent

GOODMAN, HAROLD
515 EAST BENTRIDGE DRIVE
BRANDON FL 33510

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, LUCIEN
STREET ADDRESS	8338 SHENANDOAH RUN
CITY-ST-ZIP	WESLEY CHAPEL FL
TITLE	VD
NAME	BROWN, ED
STREET ADDRESS	2624 DURANT OAKS DRIVE
CITY-ST-ZIP	VALRICO FL
TITLE	TD
NAME	GOODMAN, HAROLD
STREET ADDRESS	515 EAST BENTRIDGE DRIVE
CITY-ST-ZIP	BRANDON FL
TITLE	SD
NAME	SAIFF, JIM
STREET ADDRESS	13433-C GOUVERNORS DRIVE
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	RUAK, ED
STREET ADDRESS	2815 AQUILA STREET
CITY-ST-ZIP	TAMPA FL
TITLE	D
NAME	SANCHEZ, GENE
STREET ADDRESS	411 TOMAHAWK TRAIL
CITY-ST-ZIP	BRANDON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	EUGENE T. SANCHEZ	
1.3 STREET ADDRESS	411 TOMAHAWK TRAIL	
1.4 CITY-ST-ZIP	BRANDON, FL 33511	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	BOB LITTLE	
5.3 STREET ADDRESS	205 REMANANT DRIVE	
5.4 CITY-ST-ZIP	BRANDON, FL 33511	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	BOB WALSH	
6.3 STREET ADDRESS	13316 RAINBOW ROAD	
6.4 CITY-ST-ZIP	BRANDON, FL 33511	

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)(k), 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:

EUGENE T. SANCHEZ

DATE

2/24/95

(815) 685-8501