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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735885** (6)

1. Corporation Name

BRANDON MODEL FLYERS, INCORPORATED

Principal Place of Business

Mailing Address

**411 TOMAHAWK TRL.
BRANDON FL 33511
US**

**11500 SUMMIT W. BLVD.
APT. 19 E
TAMPA FL 33617**



3. Date Incorporated or Qualified

05/21/1976

4. FEI Number

59-1789103

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 11500 Summit W, Blvd,

26 12106 Fruitwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt, 19 E

27

City & State

City & State

23 Tampa FL

28 Riverview FL

Zip

Country

Zip

Country

24 33617

25 USA

29 33569

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$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

10. Name and Address of New Registered Agent

**HALL, KEITH
11500 SUMMIT WEST BLVD.E
APT 19E
TAMPA FL 33617**

81 Name

David Brunner

82 Street Address (P.O. Box Number is Not Acceptable)

12106 Fruitwood Dr.

83

84 City

Riverview

FL

85 Zip Code

33569

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

David Brunner - Treasurer

1-4-98

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **POD**

NAME **ZIEGLER, DAVID M.**

STREET ADDRESS **1310 RUSTLING OAKS DR.**

CITY-ST-ZIP **BRANDON FL**

TITLE **TD** ☒ DELETE

NAME **JOHN SMIK**

STREET ADDRESS **1903 N. TEAKWOOD DR. E.**

CITY-ST-ZIP **PLANT CITY FL**

TITLE **S** ☒ DELETE

NAME **SAIFF, JIM**

STREET ADDRESS **2727 W. FLETCHER AVE., APT. 25-C**

CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **LITTLE, BOB**

STREET ADDRESS **205 REMBRANDT DRIVE**

CITY-ST-ZIP **BRANDON FL**

TITLE **VP** ☐ DELETE

NAME **WALDON, BOB**

STREET ADDRESS **13316 RAULERSON ROAD**

CITY-ST-ZIP **DOVER FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Treasurer - T** ☐ Change ☒ Addition

1.2 NAME **David Brunner**

1.3 STREET ADDRESS **12106 Fruitwood Dr.**

1.4 CITY-ST-ZIP **Riverview, FL 33569**

2.1 TITLE **D - Director** ☐ Change ☒ Addition

2.2 NAME **Doug Blair**

2.3 STREET ADDRESS **226 Faithway Dr.**

2.4 CITY-ST-ZIP **Seffner, FL 33584**

3.1 TITLE **P - President** ☐ Change ☒ Addition

3.2 NAME **Keith Hall**

3.3 STREET ADDRESS **11500 Summit W. Blvd #19E**

3.4 CITY-ST-ZIP **Tampa, FL 33617**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE:

SIGNATURE REQUIRED

1-4-98 813-671-8640

CR2E037 (10/97)