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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:36

DOCUMENT # 737965 (4)

1. Corporation Name
BOCA CIEGA POWER SQUADRON, INC.

Principal Place of Business	Mailing Address
130 126TH AVENUE EAST TREASURE ISLAND FL 33706	130 126TH AVENUE EAST TREASURE ISLAND FL 33706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1977
3a. Date of Last Report: 04/28/1994
4. FEI Number: 95-1715554 ☐ Applied For ☐ Not Applicable
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 ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANEAU JR., RICHARD E 4558 32ND AVE NORTH ST PETERSBURG FL 33713	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SEGUNDO, ERNEST C.	12 NAME		
STREET ADDRESS	788 COLUMBUS DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	TIERRA VERDE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	SPENCER, JAMES O.	22 NAME	GEORGE GREENFIELD	
STREET ADDRESS	10720 54TH AVE N #14	23 STREET ADDRESS	12438 FIRST ST. W.	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HUGHES, HENRY C.	32 NAME		
STREET ADDRESS	12394 MONARCH CR	33 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	S	☒ Change ☐ Addition
NAME	WHITE, WILLIAM H	42 NAME	JAN KELLER	
STREET ADDRESS	12018 101ST AVE NORTH	43 STREET ADDRESS	6570 HILLSIDE AVENUE	
CITY-ST-ZIP	SEMINOLE FL	44 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE	S	51 TITLE	D	☒ Change ☐ Addition
NAME	FLEMING, JAMES E.	52 NAME		
STREET ADDRESS	5817 SKIMMER PT BLVD SOUTH	53 STREET ADDRESS		
CITY-ST-ZIP	GULF PORT FL	54 CITY-ST-ZIP		
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	LANEAU JR., RICHARD E.	62 NAME		
STREET ADDRESS	4558 32ND AVE NORTH	63 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	64 CITY-ST-ZIP		

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)(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: Richard E. Laneau Jr RICHARD E. LANEAU JR 5/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
813-522-4726

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