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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737965 (4)

1. Corporation Name

BOCA CIEGA POWER SQUADRON, INC.



Principal Place of Business 130 126TH AVENUE EAST TREASURE ISLAND FL 33706	Mailing Address 130 126TH AVENUE EAST TREASURE ISLAND FL 33706-5000
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3. Date Incorporated or Qualified 02/01/1977	3a. Date of Last Report 02/26/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 95-1715554	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~URBAN, ROBERT G.~~
~~6439 SECOND PALM POINT~~
~~ST. PETERSBURG FL 33706~~

TUCKER, EDWARD G.
7225 BOCA CIEGA DR.
ST. PETE BEACH
FL 33706

81 Name TUCKER, EDWARD G.	82 Street Address (P.O. Box Number is Not Acceptable) 7225 BOCA CIEGA DR.
83	
84 City ST. PETE BEACH FL	85 Zip Code 33706

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 **EDWARD G. TUCKER TREASURER** *Edward G. Tucker* **4/17/97**
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 T	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME URBAN, ROBERT G.		1.2 NAME TUCKER, EDWARD G.	
STREET ADDRESS 6439 SECOND PALM POINT		1.3 STREET ADDRESS 7225 BOCA CIEGA DR.	
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP ST. PETE BEACH FL 33706	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAWRENCE, JAMES J.		2.2 NAME	
STREET ADDRESS 19651 GULF BLVD A13		2.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN SHORES FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANEAU, JR. RICHARD E.		3.2 NAME	
STREET ADDRESS 12394 MONARCH CR		3.3 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLER, JAN		4.2 NAME	
STREET ADDRESS 6570 HILLSIDE AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP SEMINOLE FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FLEMING, JAMES E.		5.2 NAME BLANCK, CAROLYN E.	
STREET ADDRESS 5847 SKIMMER PT BLVD SOUTH		5.3 STREET ADDRESS 7956 ELEVENTH AVE, S.	
CITY-ST-ZIP GULF PORT FL		5.4 CITY-ST-ZIP ST. PETERSBURG, FL 33707	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANEAU JR., RICHARD E.		6.2 NAME	
STREET ADDRESS 4558 32ND AVE NORTH		6.3 STREET ADDRESS	
CITY-ST-ZIP ST PETERSBURG FL		6.4 CITY-ST-ZIP	

14. I do 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 *Edward G. Tucker* **4/17/97**

CR2E037 (9/96)