1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738694

1. Corporation Name

303RD BOMB GROUP (H) ASSOCIATION, INC.

Principal Place of Business
1428 GLENEAGLES DRIVE VENICE FL 34292
US

Mailing Address

1428 GLENEAGLES DRIVE VENICE FL 34292

FILED Mar 03, 1999 8:00 am § Secretary of State

03-03-1999 90022 035 ****70.00

|--|--|--|

2. Principal Pl	al Place of Business 2a. Mailing Address		3.	Date Incorporated or Qualifed						
21		26			04/19/1977					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4.	FEI Number .	-	A	oplied For	
22		27				59-1938461		N	ot Applicable	
City & State	9	City & State				Certifcate of Status Desired	×	T	Additional	
28			3.	Certificate of Status Desired	<i></i>	Fee R	equired			
Zip	Country	Zip	Country		6.	Election Campaign Financing		\$5.00	May Be	
24	4 25 29 30					Trust Fund Contribution		Added	to Fees	
•	9. Name and Address of Current I	Registered Agent			10.	Name and Address of New F	Registered	Agent		
			81	Name						
ROCHE, W	/ILLIAM .F		82	Street A	Address (F	O Box Number is Not Accepta	able)			
	NEAGLES DR		"	82 Street Address (P.O. Box Number is Not Acceptable)						
VENICE FL			83							
VENIUE FL	. 34232		_					ios Zin	Code	
			84	City			FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes.	the abov	e-named o	corporatio	n submits this statement for the	purpose of	changing its	registered	
office or re	agistered agent or both in the State of	Florida, Such change was author	onzed by	the corbo	ration's b	oard of directors. I hereby accep	ot the appoin	ntment as re	egistered	
agent. I ar	m familiar with, and accept the obligation	ins of, Section 617.0503, Florida	Statutes	-			1176	7 9	Į	
SIGNATURE	Signature, typed or printed same of registered agent a	and title if applicable /NOTF: Rec	nistered Age	nt signature re	auired when	reinstating)	DATE	•		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE					Change	Addition	
NAME	DEERFIELD, EDDIE		1.2 NAME							
STREET ADDRESS	3552 LANDMARK TRAIL			T ADDRESS						
· · · · · · · · · · · · · · · · · · ·	PALM HARBOR FL 34684		1.4 CITY-S							
CITY-ST-ZIP TITLE	P	☐ DELETE	2.1 TITLE					Change	Addition	
ı \	l*		2.2 NAME	l l	CUSS.	KIND, HAROLDA	!		_	
NAME	SUSSKIND, HAROLD A.			T ADDRESS	1 6.0	L DEERFOOT TH	414			
STREET ADDRESS	2602 DEERFOOT TRAIL				4115	TIN, TX 78704_		_		
CITY-ST-ZIP	AUSTIN TX 78704	☐ DELETE	2. 4 CITY-5 3.1 Т/ГLE	SI-ZIP				Change	Addition	
TITLE	VP.	C beceive	3.2 NAME		606	RECHT, H.D.		,,,,,	-	
NAME	GOBRECHT, H D				C05	VIA DESEO			-	
STREET ADDRESS	505 VIA DESEO			TADDRESS	C A 4-	CLEM ENTE, CA	9367	2		
CITY-ST-ZIP	SAN CLEMENTE CA 92672	□ DELETE	3.4. CITY-5	T-ZIP	77~	CLEM Ch,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	
TITLE	S PROPERTY DE	☐ OFFEIF	4.1 TITLE							
NAME	JOHNSON, RICHARD R.		4. 2 NAME							
STREET ADDRESS	5901 JOE ROAD		4.3 STREE	TADORESS					İ	
CITY-ST-ZIP	DEALE MD		4.4 CITY-8	T-ZIP	~			Change	☐ Addition	
TITLE	T	☐ DELETE	5.1 TITLE	i	VP	HE, W. J.		Change	☐ Addition	
NAME	ROCHE, WILLIAM J.		5.2 NAME		Koci	TO, W. U.	R			
STREET ADDRESS	1428 GLENEAGLES DR.			TADDRESS	1448	GLENEAGLES D	•			
C/TY-\$T-Z/P	VENICE FL 34292		5.4 CITY-S	T-ZIP	Ver	ICE, FL 34292			GT 4 1 100 1	
TITLE	D	⊠ DELETE	6.1 TITLE	ľ	T			☐ Change	Addition	
NAME	MILLER, EDGAR C.		6.2 NAME			HER, J.			ļ	
STREET ADDRESS	422 S. WALNUT AVE.		6.3 STREE	TADDRESS		30 x 7927			ĺ	
CITY, ST. 7ID	TEMPLE OK		6.4 CITY-S	T-ZIP	Buis	E 10 83707				

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:

SPE REQUIRED POCHE, W. 5. 1/17/99
ED NAME OF SIGNING OFFICER OR DIRECTOR