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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 MAR -8 PM 3:38

DOCUMENT # 739404 (2)

1. Corporation Name
FLOTILLA 070-11-09, INC.

Principal Place of Business	Mailing Address
[redacted] LOT 77 [redacted]	[redacted] LOT 77 TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1977
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-1874300 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 2825 FOX SQUIRREL DR.	26 2825 FOX SQUIRREL DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALM HARBOR FL	City & State 28 PALM HARBOR FL
Zip 24 34684 Country 25 Pinellas	Zip 29 34684 Country 30 Pinellas

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
[redacted] BRADLEY, WILLIAM R 12665 US 19 N LOT 77 TARPON SPRINGS FL 34689	81 Name: GRADEN, JOSEPH C. 82 Street Address (P.O. Box Number is Not Acceptable): 2825 FOX SQUIRREL DR. 83 84 City: PALM HARBOR FL 85 Zip Code: 34684

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 [illegible].0505, Florida Statutes.

SIGNATURE: Joseph C. Graden — 2/27/95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	[redacted] BRADLEY, WILLIAM R	1.2 NAME	GRADEN JOSEPH C	
STREET ADDRESS	[redacted] 19 N LOT 77	1.3 STREET ADDRESS	2825 FOX SQUIRREL DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	PALM HARBOR FL. 34684	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	[redacted] GRADEN, JOSEPH C	2.2 NAME	HEINISCH CARL G	
STREET ADDRESS	2825 FOX SQUIRREL DR.	2.3 STREET ADDRESS	1210 CALVARY RD #19	
CITY-ST-ZIP	PALM HARBOR FL 34684	2.4 CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HEINISCH, MILDRED	3.2 NAME		
STREET ADDRESS	1210 CALVARYN ROAD, #19	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34691	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT VIVIAN J	4.2 NAME		
STREET ADDRESS	1322 RIVERSIDE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Joseph C. Graden — 2-15-95 — 813-754-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH C. GRADEN

0020370