

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **739404** (2)

1. Corporation Name

FLOTILLA 070-11-09, INC.



Principal Place of Business

**2825 FOX SQUIRREL DR.
LOT 77
PAL HARBOR FL 34684
US**

Mailing Address

**2825 FOX SQUIRREL DR.
LOT 77
PALM HARBOR FL 34684
US**

3. Date Incorporated or Qualified
06/16/1977

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 **1210 CALVARY ROAD**

26 **1210 CALVARY ROAD**

4. FEI Number
59-1874300

Applied For
Not Applicable

22 Suite, Apt. #, etc.
LOT 19

27 Suite, Apt. #, etc.
LOT 19

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
HOLIDAY, FL.

28 City & State
HOLIDAY, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
34691

25 Country
U.S.A.

29 Zip
34691

30 Country
U.S.A.

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

**GRADEN, JOSEPH C
2825 FOX SQUIRREL DR.
PALM HARBOR FL 34684**

81 Name
HEINISCH, CARL G.
82 Street Address (P.O. Box Number Is Not Acceptable)
1210 CALVARY ROAD #19
83
84 City
HOLIDAY
85 Zip Code
FL 34691

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

Carl G. Heinish

DATE
2/20/96

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRADEN, JOSEPH C	
STREET ADDRESS	2825 FOX SQUIRREL DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HEINISCH, CARL G	
STREET ADDRESS	1210 CALVARY RD #19	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEINISCH, MILDRED	
STREET ADDRESS	1210 CALVARYN ROAD, #19	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT VIVIAN J	
STREET ADDRESS	1322 RIVERSIDE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HEINISCH, CARL G.	
1.3 STREET ADDRESS	1210 CALVARY RD. #19	
1.4 CITY-ST-ZIP	HOLIDAY, FL. 34691	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTINDALE, TYRONE	
2.3 STREET ADDRESS	5640 FERGUSON CT. #2202	
2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COY, LORRAINE	
4.3 STREET ADDRESS	5229 MILLER BAYOU	
4.4 CITY-ST-ZIP	PORT RICHEY, FL. 34668	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

Carl G. Heinish

2/20/96

913-937-2861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)