

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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # 740489 (0)

1. Corporation Name

VALIANT AIR COMMAND, INC.

Principal Place of Business

**6600 TICO RD
TITUSVILLE FL 32780**

Mailing Address

**6600 TICO RD
TITUSVILLE FL 32780**

3. Date Incorporated or Qualified
10/21/1977

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1773787

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**

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

**BROSS TRACHTMAN HENDERSON & CHILDRESS PA
1990 WEST NEW HAVEN AVE
SUITE 201
MELBOURNE FL 32904**

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 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

Signature, typed or printed name of registered agent and title if applicable

(201) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
QUINLAN, KEVIN
1002 S. MAGEE BRANCH CT.
OVIEDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
ROBERTS, RAY O
435 GREEN TURTLE COVE
SATELLITE BEACH FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
MATHEWS, ROBERT A
14888 SW 111 STREET
DUNNELLON FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
IACUZZO, ALICE M.
1305 S. ATLANTIC AVE., SUITE 380
COCOA BCH. FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
CLAPPER, CHARLES
6926 SKYLINE DRIVE
DELRAY BEACH FL**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BOBES, BARRY
1000 DOUGLAS AVE 191
ALTAMONTE SPRINGS FL**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change

☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change

☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☒ Change

☐ Addition

**VD
LEWIS, PIETER
901 RIVERVIEW DRIVE
MELBOURNE, FL 32951**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change

☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☒ Change

☐ Addition

**SD
EVANS, NORMAN C.
330 COCCA AVENUE
INDIANLAND, FL 32903**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)