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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742466 (6)

1. Corporation Name

SOUTHWEST FLORIDA AEROMODLERS, INC.

Principal Place of Business

Mailing Address

MANGANARO, JOHN
193 HIBISCUS DR.
FT MYERS BEACH FL 33931
USDON MCGILLIVRAY
13371 SYLVAN AVE
FT. MYERS, FL 33919
USMANGANARO, JOHN
193 HIBISCUS DR.
FT. MYERS BEACH FL 33931
USDON MCGILLIVRAY
13371 SYLVAN AVE
FT. MYERS, FL 33919
US3. Date Incorporated or Qualified
04/14/19783a. Date of Last Report
03/15/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

PARSON, WADE H.
1853 VICTORIA AVENUE
FORT MYERS FL 33901

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME MANGANARO, JOHN
STREET ADDRESS 193 HIBISCUS DR.
CITY-ST-ZIP FT MYERS BEACH FLTITLE D ☐ DELETE
NAME AGNEW, JOHN
STREET ADDRESS 5095 NORTHAMPTON
CITY-ST-ZIP FT MYERS FL 33919TITLE D ☐ DELETE
NAME CAMPBELL, MARY
STREET ADDRESS 244 STEVENS BLVD.
CITY-ST-ZIP FT. MYERSBEACH FLTITLE D ☐ DELETE
NAME NERI, SAL
STREET ADDRESS 100 CONTEE DR.
CITY-ST-ZIP LE HIGH ACRES FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE DIRECTOR ☐ Change ☒ Addition
1.2 NAME MCGILLIVRAY, DON
1.3 STREET ADDRESS 13371 SYLVAN AVE.
1.4 CITY-ST-ZIP FT. MYERS FL, 339192.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067146

CR2E037 (9/96)