FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743149** **(7)**

1. Corporation Name
SARASOTA R/C SQUADRON, INC.

Principal Place of Business	Mailing Address
5620 ST LOUIS AVE SARASOTA FL 34233 US	5632A SWIFT RD SARASOTA FL 34231-6212 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1978	3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2641815	☐ 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
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOLGATE, CHARLES
5620 ST LOUIS AVE
SARASOTA FL 34233

10. Name and Address of New Registered Agent

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 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 607.0505, Florida Statutes.

SIGNATURE Charles Holgate CHARLES HOLGATE PRESIDENT APRIL 19, 1995
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	☐ Change ☐ Addition
NAME	HOLGATE, CHARLES	1.2 NAME	
STREET ADDRESS	5620 ST LOUIS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	MORTON, MARK	2.2 NAME	JOHN ROBERTS
STREET ADDRESS	1490 DEERHOLLOW BLVD.	2.3 STREET ADDRESS	657 ALBRITTON
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA, FL, 34232
TITLE	TD	3.1 TITLE	TD ☑ Change ☐ Addition
NAME	GALASSO, TTIPOLI	3.2 NAME	JONATHAN HAY
STREET ADDRESS	4920 DRYMON AVE	3.3 STREET ADDRESS	2060 MISTY SUNRISE TRAIL
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL. 34240
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, HOMER J.	4.2 NAME	
STREET ADDRESS	3515 NORWOOD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BENDER, PHILIP	5.2 NAME	
STREET ADDRESS	5200 BLISS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D ☑ Change ☐ Addition
NAME	BEHANNA, JIM	6.2 NAME	CORVIN MILLER
STREET ADDRESS	5137 SUNNYDALE CIR W	6.3 STREET ADDRESS	4417 LORDS AVE,
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	SARASOTA FL. 34231

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: Homer J. Hudson SD MARCH 18, 1995 1(813)355-8579
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
HOMER J. Hudson

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