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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 06/07/1978

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1304 OAK VIEW DR	26 1304 OAK VIEW DR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 SARASOTA, FL	City & State 28 SARASOTA, FL
Zip 24 34232 / Country 25 USA	Zip 29 34232 / Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: VELTRI, VINCENT, F.

82 Street Address (P.O. Box Number is Not Acceptable): 1304 OAK VIEW DR.

83

84 City: SARASOTA FL 85 Zip Code: 34232

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: Vincent F. Veltri, SRC — 4-25-96

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLGATE, CHARLES 5620 ST LOUIS AVE SARASOTA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROBERTS, JOHN 657 ALBRITTON SARASOTA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD HUDSON, HOMER J. 3515 NORWOOD CT. SARASOTA, FL 34234	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAY, JONATHAN 2060 MISTY SUNRISE TRAIL SARASOTA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUDSON, HOMER J. 3515 NORWOOD CT SARASOTA FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD VELTRI, VINCENT F. 1304 OAK VIEW DR. SARASOTA, FL 34232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENDER, PHILIP 5200 BILISS RD SARASOTA FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, CORVIN 4417 LORDS AVE. SARASOTA FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Vincent F. Veltri — 4-25-96 — 941-378-1531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VINCENT F. VELTRI