4-2-97 B-3923 C

FILE NOW: FILING FEE IS $61.25

FILED
Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
1304 OAK VIEW DR. SARASOTA FL 34232 US	1304 OAK VIEW DR. SARASOTA FL 34232-3337 US

3. Date Incorporated or Qualified: 06/07/1978
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc. 22: 2252 SHADOW LAKES DR
City & State 23: SARASOTA, FL
Zip 24: 34240 Country 25: USA

2a. Mailing Address
26: 4411 BEE RIDGE ROAD
Suite, Apt. #, etc. 27: BOX 394
City & State 28: SARASOTA, FL
Zip 29: 34233 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

VELTRI, VINCENT F
1304 OAK VIEW DR.
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name: Jonathan Hay
82 Street Address (P.O. Box Number is Not Acceptable): 2252 SHADOW LAKES DRIVE
83
84 City: SARASOTA FL 85 Zip Code: 34240

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 Jonathan Hay Jonathan Hay 3-26-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	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	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HUDSON, HOMER H		2.2 NAME	William STERKA	
STREET ADDRESS	3515 NORWOOD CT.		2.3 STREET ADDRESS	3446 ANGLIN DRIVE	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAY, JONATHAN		3.2 NAME		
STREET ADDRESS	2060 MISTY SUNRISE TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	VELTRI, VINCENT F		4.2 NAME	CARL ZIEGLER	
STREET ADDRESS	1304 OAK VIEW DR.		4.3 STREET ADDRESS	2839 W. RAINBOW CIRCLE	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	BENDER, PHILIP		5.2 NAME	JIM BEHANNA	
STREET ADDRESS	5200 BILISS RD		5.3 STREET ADDRESS	5137 Sunnydale Circle West	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, CORVIN		6.2 NAME		
STREET ADDRESS	4417 LORDS AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 Jonathan Hay Jonathan Hay 3-26-97