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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743149**

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

Principal Place of Business	Mailing Address
1304 OAK VIEW DR. 2252 SHADOW LAKES DR. SARASOTA FL 34240 US	4411 BEE RIDGE ROAD BOX 394 SARASOTA FL 34233 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/07/1978

4. FEI Number
59-2641815
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HAY, JONATHAN
2252 SHADOW LAKES DRIVE
SARASOTA FL 34240

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	HOLGATE, CHARLES		1.2 NAME	Jonathan Hay	
STREET ADDRESS	5620 ST LOUIS AVE		1.3 STREET ADDRESS	2252 Shadow Lake Drive	
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-ST-ZIP	Sarasota FL 34240	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GALASSO, TRIP		2.2 NAME		
STREET ADDRESS	1549 SHADOW RIDGE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34240		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	HAGUE, BRIAN		3.2 NAME	Michael Winter	
STREET ADDRESS	7109 42ND CT E		3.3 STREET ADDRESS	4287 Hearthstone Drive	
CITY-ST-ZIP	SARASOTA FL 34243		3.4 CITY-ST-ZIP	Sarasote FL 34238	
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZIEGLER, CARL		4.2 NAME		
STREET ADDRESS	2839 W. RAINBOW CIR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BEHANNA, JIM		5.2 NAME		
STREET ADDRESS	5137 SUNNYDALE CIR. WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34233		5.4 CITY-ST-ZIP		
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: TOM WINTER 2/4/99 941 966 7786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #