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 APR 17 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759035 (9)

1. Corporation Name

CENTRAL FLORIDA FLYRODDERS, INC.

Principal Place of Business	Mailing Address
315 E. NEW ENGLAND AVE. P.O. BOX 940 WINTER PARK FL 32789	315 E. NEW ENGLAND AVE. P.O. BOX 940 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1981
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1950284 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRANCESCHINA, GORDON 315 EAST NEW ENGLAND AVENUE WINTER PARK FL	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 _____ 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	PD	11 TITLE	DAVE BARSON	☒ Change ☐ Addition
NAME	SNYDER, LAWSON	12 NAME		
STREET ADDRESS	123 TEMPLE DR	13 STREET ADDRESS	3371 SANDY SHORE LN	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	VD	21 TITLE	DAVID ARMS	☒ Change ☐ Addition
NAME	HUDSON, STEW	22 NAME		
STREET ADDRESS	113 BEAR CIR	23 STREET ADDRESS	627 DARLEY DR.	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VD	31 TITLE	STU HUDSON	☒ Change ☐ Addition
NAME	LACHTARA, ROBERT	32 NAME		
STREET ADDRESS	1810 GLENDALE RD.	33 STREET ADDRESS	113 BEAR CIRCLE	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	DAVIS, MARY	42 NAME		
STREET ADDRESS	924 PARK MANOR DR.	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	RHODES, JOSEPH	52 NAME	LACHTARA, ROBERT	
STREET ADDRESS	5015 LOUVRE AVE	53 STREET ADDRESS	1810 GLENDALE RD.	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	ORLANDO, FL	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	OSBORN, JARED	62 NAME		
STREET ADDRESS	1012 PEGEL CT	63 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL	64 CITY-ST-ZIP		

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: Mary L Davis 4-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003731