

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768397 (2)

1. Corporation Name

SRO PILOTS AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**SARASOTA BRADENTON AIRPORT
SARASOTA FL 34278
US**

**PO BOX 13222
SARASOTA FL 34278
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2346391

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. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOOGINS, FRANK
174 WHITTIER DR.
SARASOTA FL 34236**

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

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
NAME	GILLESPIE, JAMES
STREET ADDRESS	1611 CLOVER CREEK DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	VD
NAME	DOLE, DAVID
STREET ADDRESS	2212 MONTCLAIR DRIVE
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	GOOGINS, FRANK
STREET ADDRESS	174 WHITTIER DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	S
NAME	BERGER, SUSAN
STREET ADDRESS	6601 35TH AVE W
CITY-ST-ZIP	BRADENTON FL
TITLE	D
NAME	BRAINARD, MILLAR, JR.
STREET ADDRESS	1221 PEPPERTREE DRIVE
CITY-ST-ZIP	SARASOTA FL
TITLE	VD
NAME	BILBO, SHERMAN
STREET ADDRESS	6601 35TH AVE. W.
CITY-ST-ZIP	BRADENTON FL

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	ELMER DICKSON	
1.3 STREET ADDRESS	5165 ISLAND DATE	
1.4 CITY-ST-ZIP	SARASOTA, FL 34232	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	FRED HARTMANN	
2.3 STREET ADDRESS	6102 93RD ST CIR E.	
2.4 CITY-ST-ZIP	BRADENTON, FL 34202	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	CLAUDIA VENNEL	
4.3 STREET ADDRESS	6 WINSLOW PLACE	
4.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	CLAY BEACH	
5.3 STREET ADDRESS	4820 CAMUS STREET	
5.4 CITY-ST-ZIP	SARASOTA, FL 34232	
6.1 TITLE	VD	☒ Change ☐ Addition
6.2 NAME	NORMAN HARRIS	
6.3 STREET ADDRESS	5466 CHANTECLAIRE	
6.4 CITY-ST-ZIP	SARASOTA, FL 34235	

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 110.07(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:

FRANK GOOGINS

Frank Googins

4/24/95

818/388-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #