

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H05272** (0)

1. Corporation Name  
**SUWANNEE RIVER FLYING CLUB, INC.**



Principal Place of Business <b>RR5 BOX 13 LIVE OAK FL 32060 US</b>	Mailing Address <b>RR 5 BOX 13 LIVE OAK FL 32060-9905 US</b>
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3. Date Incorporated or Qualified <b>05/24/1984</b>	3a. Date of Last Report <b>02/22/1996</b>
4. FEI Number <b>26-4142152</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>14925 CR 250</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>14925 CR 250</b> Suite, Apt. #, etc.
22 City & State 23 <b>LIVE OAK, FLORIDA</b>	27 City & State 28 <b>LIVE OAK, FLORIDA</b>
24 Zip <b>32060</b> 25 Country <b>USA</b>	29 Zip <b>32060</b> 30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**BOATRIGHT, MICHAEL  
RR 5, BOX 13  
LIVE OAK FL 32060**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) <b>14925 CR 250</b>
83	
84 City	85 Zip Code <b>FL</b>

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BOATRIGHT, DONNA RR 5, BOX 13 LIVE OAK FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14925 CR 250</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD BOATRIGHT, MICHAEL RR 5, BOX 13 LIVE OAK FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14925 CR 250</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BOATRIGHT, ADAM RR 5, BOX 13 LIVE OAK FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14925 CR 250</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BOATRIGHT, TRISTAN RR 5, BOX 13 LIVE OAK FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14925 CR 250</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MICHAEL BOATRIGHT** *Michael Boatright* 4-28-97 904-362-8425  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)