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

FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # H19359

1. Corporation Name

FLAGLER FLYERS AERO CLUB, INC.

Principal Place of Business
Attn: J. Gardner
1 Corporate Drive
Palm Coast, FL 32151

Mailing Address
Attn: J. Gardner
1 Corporate Drive
Palm Coast, FL 32151

Amendment

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Attn: Gary Lemerand
Suite, Apt. #, etc.
22 8436 Malaga Ave.
City & State
23 Orange Park, FL
Zip 24 32073 Country 25

2a. Mailing Address
26 Attn: Gary Lemerand
Suite, Apt. #, etc.
27 8436 Malaga Ave.
City & State
28 Orange Park, FL
Zip 29 32073 Country 30

3. Date Incorporated or Qualified
09/04/1984

4. FEI Number
59-2480480
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Gardner, James
1 Corporate Dr.
Palm Coast FL 32151

10. Name and Address of New Registered Agent

81 Name
Gary Lemerand
82 Street Address (P.O. Box Number is Not Acceptable)
8436 Malaga Ave.
83
84 City
Orange Park FL 85 Zip Code
32073

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: X Gary Lemerand 6/1/98
Signature of New Registered Agent (If Changing) DATE

12. OFFICER/DIRECTOR CHANGES		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	PSD ☐ Change ☒ Addition
NAME	Lemerand, Gale	12 NAME	Lemerand, Gary
STREET ADDRESS	13 Magnolia Lane	13 STREET ADDRESS	8436 Malaga Ave.
CITY-ST-ZIP	Ormond Beach, FL	14 CITY-ST-ZIP	Orange Park, FL 32073
☒ DELETE			
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	Lemerand, Judy	22 NAME	
STREET ADDRESS	13 Magnolia Lane	23 STREET ADDRESS	
CITY-ST-ZIP	Ormond Beach, FL	24 CITY-ST-ZIP	
☒ DELETE			
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
☐ DELETE			
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
☐ DELETE			
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
☐ DELETE			
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 report or supplemental attachment 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 above or on an attachment with an X.

SIGNATURE: Gary Lemerand Pres. 6/1/98 (904) 264-0796
SIGNATURE AND TITLE OF PERSON SIGNING (PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

Gary Lemerand, President