

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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MAY - 1 PM 2:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K30074 (4)

1. Corporation Name:
SPORT PLANE PRODUCTS, INC.

Principal Place of Business 420 HARBOUR DR NAPLES FL 33940-4010	Mailing Address 420 HARBOUR DR NAPLES FL 33940-4010
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2. Principal Place of Business 21 State Apt. # etc. 22 City & State 23 City 24 County	2a. Mailing Address 26 State Apt. # etc. 27 City & State 28 City 29 County
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DO NOT WRITE IN THIS SPACE

3. Date Issued/Amended or Qualified 08/02/1988	3a. Date of Last Report 04/28/1994
4. FEI Number 65-0135932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RHOADES, CHARLES R.
420 HARBOUR DRIVE
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0107 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 607.0108, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.	
1. TITLE D	RHOADES, CHARLES B. 420 HARBOUR DR NAPLES FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. TITLE VPM	JENKINS, W. D. 1131 22ND AVE N NAPLES FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. TITLE ST	JENKINS, ANNINA R 1131 22ND AVE. N NAPLES FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. TITLE VP	TUBER, ROBERT 2240 SOUTH WINDS DR NAPLES FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 191.07(1)(a), Florida Statutes. Further, I 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. I do not have any office or direct knowledge of the corporation or the register of business enterprises to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of the Block 1 of the report, as an officer or director of the corporation.

SIGNATURE: *Charles R. Rhoades* April 30, 1995 813 263 1670
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES R. RHOADES