

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **08/02/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **420 HARBOUR DRIVE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **420 HARBOUR DRIVE**
Suite, Apt. #, etc.

4. FEI Number **65-0135932** Applied For
Not Applicable

22 City & State
23 **NAPLES FL USA**

27 City & State
28 **NAPLES FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33940** 25 Country **USA**

29 Zip **33940** 30 Country **USA**

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

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

81 Name **CHARLES R. RHOADES**
82 Street Address (P.O. Box Number is Not Acceptable)
420 HARBOUR DRIVE
83 **NAPLES, FL**
84 City **FL** 85 Zip Code **33940**

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 **Charles R. Rhoades, President** **Charles R. Rhoades, April 3, 1996**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	RHOADES, CHARLES B.	
STREET ADDRESS	420 HARBOUR DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPM	<input type="checkbox"/> DELETE
NAME	JENKINS, W. D	
STREET ADDRESS	1131 22ND AVE N	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JENKINS, ANNINA R	
STREET ADDRESS	1131 22ND AVE. N	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TOBER, ROBERT	
STREET ADDRESS	2240 SOUTH WINDS DR	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Charles R. Rhoades, President** **APRIL 6, 1996** **941-763-1610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARLES R. RHOADES Daytime Phone #

CR2E034 (12/95)