

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

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Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K72750 (8)
 1. Corporation Name
WING AND ROTOR CLUB, PALM COAST, FLORIDA INC.

Principal Place of Business 2 OFFICE PARK DR SUITE A-2 PALM COAST FL 32137	Mailing Address 2 OFFICE PARK DR SUITE A-2 PALM COAST FL 32137-3854
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2. Principal Place of Business 21 FLAGLER COUNTY AIRPORT Suite, Apt. #, etc. 22 SR 100, BOX 18T, #12 City & State 23 BUNNELL, FL Zip 24		2a. Mailing Address 26 FLAGLER COUNTY AIRPORT Suite, Apt. #, etc. 27 SR 100, BOX 18T, #12 City & State 28 BUNNELL, FL Zip 29		3. Date Incorporated or Qualified 03/15/1989		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2963224		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <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		8. Name and Address of Current Registered Agent PATTERSON, RANDALL E. 2 OFFICE PARK DR #A2 PALM COAST FL 32037		10. Name and Address of New Registered Agent 81 Name HARRY ASHLEY 82 Street Address (P.O. Box Number is Not Acceptable) FLAGLER COUNTY AIRPORT 83 SR 100 84 City BUNNELL FL 85 Zip Code 32110			

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]* DATE **1-28-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD NAME PATTERSON, RANDALL E. STREET ADDRESS 2 OFFICE PARK DR #A2 CITY-ST-ZIP PALM COAST FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SEC. 1.2 NAME PAULA MCGARRY 1.3 STREET ADDRESS SR 100 BOX 18T, #12 1.4 CITY-ST-ZIP BUNNELL, FL 32110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME WANERKA, JOHN STREET ADDRESS 2 OFFICE PARK DR #A2 CITY-ST-ZIP PALM COAST FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PO 2.2 NAME HARRY ASHLEY 2.3 STREET ADDRESS SR 100, BOX 18T, #12 2.4 CITY-ST-ZIP BUNNELL, FL 32110	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MATUSZCZAK, MICHAEL STREET ADDRESS 3 FLORIDA PARK DR. CITY-ST-ZIP PALM COAST FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD 3.2 NAME PATTERSON, RANDALL E 3.3 STREET ADDRESS SR 100, BOX 18T, #12 3.4 CITY-ST-ZIP BUNNELL, FL, 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME ORTMAYER, WILLIAM STREET ADDRESS 81 BRICKTON LANE CITY-ST-ZIP PALM COAST FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1-28-97 (904) 4378359**

CR2E034 (9/96)