FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:19

DOCUMENT # N06171 (5)

1. Corporation Name
THE R/C WORLD FLYERS, INC.

Principal Place of Business	Mailing Address
1302 STEARMAN CT ORLANDO FL 32825	1302 STEARMAN CT ORLANDO FL 32825

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1984
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2461676 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 BOX 10900 INSIDE LOOP	26 BOX 10900 INSIDE LOOP
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO FL	City & State 28 ORLANDO, FL
Zip 24 32825 Country 25 USA	Zip 29 32825 Country 30 USA

9. Name and Address of Current Registered Agent

CHARLSON, LONIE R
1302 STEARMAN CT
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name: HARRY J. LOCKWOOD JR
82 Street Address (P.O. Box Number is Not Acceptable): 10921 FAIR HAVEN WAY
83
84 City: ORLANDO FL 85 Zip Code: 32825

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] 3/25/95
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	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	SEXTON, BILL	1.2 NAME	LOCKWOOD HARRY J. SR	
STREET ADDRESS	1741 LADY SLIPPER CIRCLE	1.3 STREET ADDRESS	10921 FAIRHAVEN WAY	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO FL. 2	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	LOCKWOOD, HARRY J JR.	2.2 NAME	ERMINGER, LEE	
STREET ADDRESS	10921 HAIRHAUEN WAY	2.3 STREET ADDRESS	3515 BATTERSEA CT.	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DUTTON, ROY	3.2 NAME		
STREET ADDRESS	3225 CULLEN LAKE SHORE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	CHARLSON, LONIE R	4.2 NAME	DUTTON, ROSS S.	
STREET ADDRESS	1302 STEARMAN CT	4.3 STREET ADDRESS	1613 ILLINOIS ST. APT. 3	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL. 32803	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 3/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034874