

1999

Non-Profit Annual Report

FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90027 045 *****61.25

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DOCUMENT # N06171

1. Corporation Name

THE R/C WORLD FLYERS, INC.

Principal Place of Business

BOX 10900 INSIDE LOOP
 ORLANDO FL 32825
 US

Mailing Address

BOX 10900 INSIDE LOOP
 ORLANDO FL 32825
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/14/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2461676

Applied For

Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKWOOD, HARRY J. JR.
 10921 FAIR HAVEN WAY
 ORLANDO FL 32825

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 VD ☐ DELETE
 NAME ERMINGER, LEE
 STREET ADDRESS 3515 BATTERSEA CT.
 CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD ☐ DELETE
 NAME LOCKWOOD, HARRY J. JR.
 STREET ADDRESS 10921 FAIR HAVEN WAY
 CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD ☐ DELETE
 NAME BELL, CHRIS
 STREET ADDRESS 9283 LAKE SHARP CT
 CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD ☐ DELETE
 NAME IANNUZZI, JIM
 STREET ADDRESS 1444 SKYBOLT CT
 CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

CHRISTOPHER BELL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/99

(407) 657-5295

Date

Daytime Phone #

CR2E037 (11/98)