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 JUN 13 AM 10: 15

DOCUMENT # N23273 (8)

1. Corporation Name
PALATKA SUN FLYERS R/C CLUB, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2324 PALATKA, FL. - 32178	POST OFFICE BOX 2324 PALATKA, FL. - 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1987
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-2880289 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LANDIS ELLIS F.
HC1 BOX 497E
SATSUMA FL 32189

10. Name and Address of New Registered Agent

31 Name: Kimberly R. Murdock
32 Street Address (P.O. Box Number is Not Acceptable): 366 River Drive
33: East Palatka
34 City: FL 35 Zip Code: 32131

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: Kimberly R. Murdock Treasurer 5/26/95
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	11 TITLE		☐ Change ☐ Addition
NAME	COX, CHAUNCEY D	12 NAME		
STREET ADDRESS	9910 EBERT AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	HASTINGS FL 32145	14 CITY-ST-ZIP		
TITLE	VDP	21 TITLE	VDP	☒ Change ☐ Addition
NAME	RYAN, RAY	22 NAME	Pare, Robert	
STREET ADDRESS	128 HIAWATHA COURT	23 STREET ADDRESS	P.O. Box 714	
CITY-ST-ZIP	E. PALATKA FL 32131	24 CITY-ST-ZIP	Hollister, Fl., 32147	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	MURPHY, TOMMY H	32 NAME	Murdock, Kimberly R	
STREET ADDRESS	ROUTE 3, BOX 1062	33 STREET ADDRESS	366 River Drive	
CITY-ST-ZIP	PALATKA FL 32177	34 CITY-ST-ZIP	East Palatka, Fl., 32131	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	LANDIS, ELLIS F	42 NAME	Appling, Lindy	
STREET ADDRESS	HCL BOX 494 E	43 STREET ADDRESS	10649 Arnez Road	
CITY-ST-ZIP	SATSUMA FL 32189	44 CITY-ST-ZIP	Jacksonville, Fl., 32218	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Kimberly R. Murdock Kimberly R. Murdock 5/26/95 904-329-9797
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024538