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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N31098** (9)

1. Corporation Name

THE FLYING FOUR, INC.

Principal Place of Business	Mailing Address
1780 ROBINSON DRIVE ST. PETERSBURG FL 33710	1780 ROBINSON DRIVE ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified: 03/09/1989

4. FEI Number: 59-2985101 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CARPER, C. STEPHEN~~
~~2240 MERMAID PT. NE~~ ← DELETE
~~ST. PETRSBURG FL 33703~~

10. Name and Address of New Registered Agent

81 Name: ROBERT L. ASHE JR
82 Street Address (P.O. Box Number is Not Acceptable): 1780 ROBINSON DR
83
84 City: ST PETERSBURG **FL** 85 Zip Code: 33710

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: ROBERT L. ASHE JR — Robert L Ashe Jr — 1/20/98
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MADDEN, JAMES		1.2 NAME		
STREET ADDRESS	6325 98TH AVE., NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34666		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARPER, C. STEPHEN		2.2 NAME		
STREET ADDRESS	2240 MERMAID PT. NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LITTLEFIELD, EUGENE		3.2 NAME		
STREET ADDRESS	13150 3RD ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL 33708		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ASHE, ROBERT L JR.		4.2 NAME		
STREET ADDRESS	1780 ROBINSON DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33710		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: ROBERT L. ASHE JR — Robert L Ashe Jr — TREASURER — 1/20/98 — (813)307-2805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #