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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N31098

1. Corporation Name

THE FLYING FOUR, INC.

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

2. Principal Place of Business	2a. Mailing Address
21 735 San Christopher Dr	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Dunedin, FL	28 City & State
24 Zip: 34698 / 25 Country	29 Zip / 30 Country

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

4. FEI Number: 59-2985101 — ☐ 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

9. Name and Address of Current Registered Agent

ASHE, ROBERT L JR
1780 ROBINSON DR
ST. PETRSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name: Ken Bittner
82 Street Address (P.O. Box Number is Not Acceptable): 735 San Christopher Dr
83
84 City: Dunedin FL 85 Zip Code: 34698

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: Ken Bittner 1-19-99
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	P.D. — ☐ Change ☑ Addition
NAME	MADDEN, JAMES		1.2 NAME	Dennis Briggs
STREET ADDRESS	6325 98TH AVE., NORTH		1.3 STREET ADDRESS	3345 Westcott Dr
CITY-ST-ZIP	PINELLAS PARK FL 34666		1.4 CITY-ST-ZIP	Palm Harbor FL 34695
TITLE	SD	☑ DELETE	2.1 TITLE	S.D. — ☐ Change ☑ Addition
NAME	LITTLEFIELD, EUGENE		2.2 NAME	Ken Bittner
STREET ADDRESS	13150 3RD ST.		2.3 STREET ADDRESS	735 San Christopher Dr
CITY-ST-ZIP	MADEIRA BEACH FL 33708		2.4 CITY-ST-ZIP	Dunedin FL 34698
TITLE	TD	☑ DELETE	3.1 TITLE	T.D. — ☐ Change ☑ Addition
NAME	ASHE, ROBERT L JR.		3.2 NAME	~~[illegible]~~ MICHAEL S. MASHEFF
STREET ADDRESS	1780 ROBINSON DRIVE		3.3 STREET ADDRESS	111 1th Ave N.
CITY-ST-ZIP	ST. PETERSBURG FL 33710		3.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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	

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: SIGNATURE REQUIRED — 1-19-99 — 727-736-5[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)