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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:04

DOCUMENT # N37067 (8)

1. Corporation Name
LUCERNE PARK FLYERS, INC.

Principal Place of Business	Mailing Address
~~214 GROVE AVE SE~~ ~~WINTER HAVEN FL 33884~~ ~~US~~	~~214 GROVE AVE SE~~ ~~WINTER HAVEN FL 33884~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1990
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-3000541 ☐ 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
22 Suite, Apt. #, etc.: 11 EDINBURGH DR.	27 Suite, Apt. #, etc.: 11 EDINBURGH DR.
23 City & State: HAINES CITY, FLA.	28 City & State: HAINES CITY, FLA.
24 Zip: 33844 25 Country: ~~Pac~~ USA	29 Zip: 33844 30 Country: USA.

9. Name and Address of Current Registered Agent

~~VASCELLARO, MICHAEL~~
~~214 GROVE AVE SE~~
~~WINTER HAVEN FL 33884~~

10. Name and Address of New Registered Agent

81 Name: WILLIAM MOESSNER
82 Street Address (P.O. Box Number is Not Acceptable): 11 EDINBURGH DR.
83
84 City: HAINES CITY FL 85 Zip Code: 33844

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: William Moessner WILLIAM MOESSNER 1/20/95
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	TD	1.1 TITLE		☐ Change ☐ Addition
NAME	BLOUIN, DOUG	1.2 NAME		
STREET ADDRESS	5051 VARTY RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884	1.4 CITY-ST-ZIP		
TITLE	~~SD~~	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	ASHWORTH, ROGER	2.2 NAME	CALVIN, LARRY	
STREET ADDRESS	~~706 SOUTH SENIC DR.~~	2.3 STREET ADDRESS	1825 NOTTINGHAM SW	
CITY-ST-ZIP	~~LAKE WALES FL~~	2.4 CITY-ST-ZIP	WINTER HAVEN, FLA. 33880	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MANGAN, ED	3.2 NAME		
STREET ADDRESS	2815 COUNTRY CLUB ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP		
TITLE	~~PD~~	4.1 TITLE	D	☒ Change ☐ Addition
NAME	VASCELLARO, MICHAEL	4.2 NAME		
STREET ADDRESS	214 GROVE AVE SE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP		
TITLE	~~D~~	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~MACALLA, GORDON~~	5.2 NAME	~~WILLIAM~~ MOESSNER, Wm.	
STREET ADDRESS	~~214 COLLEGE GROVE CR, NE~~	5.3 STREET ADDRESS	11 EDINBURGH DR.	
CITY-ST-ZIP	~~WINTER HAVEN FL~~	5.4 CITY-ST-ZIP	HAINES CITY, FLA 33844	
TITLE	~~VPD~~	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	~~CHAPPEL, GARY~~	6.2 NAME	MAYO, DAVE	
STREET ADDRESS	~~911 AVE V S.E.~~	6.3 STREET ADDRESS	30 MARINA DR.	
CITY-ST-ZIP	~~WINTER HAVEN FL~~	6.4 CITY-ST-ZIP	WINTER HAVEN, FLA. 33881	

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: William Moessner WILLIAM MOESSNER 1/20/95 813-956-5097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

005812