

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N44521 (5)

1. Corporation Name

VINTAGE FLYERS, INC.

Principal Place of Business

4200 WINTHROP ST  
SARASOTA FL 34232  
US

Mailing Address

4631 SELMA ST  
SARASOTA FL 34232-4154  
US

3. Date Incorporated or Qualified

07/31/1991

3a. Date of Last Report

02/26/1996

2. Principal Place of Business

21 3147 ELMER ST.

2a. Mailing Address

26 5209 20TH AVE. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

23 SARASOTA, FL

City &amp; State

28 BRADENTON, FL

Zip

24 34231

Country

25 USA

Zip

29 34209

Country

30 USA

4. FEI Number

65-0263750

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THOMPSON, DAVID  
4631 SELMA ST  
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name RANDY BAIR  
82 Street Address (P.O. Box Number is Not Acceptable)  
5209 20TH AVE. W.  
83  
84 City BRADENTON FL 85 Zip Code 34209

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

Randy Bair RANDY BAIR

2/10/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, CLAUDE	
STREET ADDRESS	3147 ELMER ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, DAVID	
STREET ADDRESS	4631 SELMA ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TROVATO, DOMINIC	
STREET ADDRESS	4200 WINTHROP ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOWARD, CLAUDE	
1.3 STREET ADDRESS	3147 ELMER ST.	
1.4 CITY-ST-ZIP	SARASOTA, FL 34231	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JIM BEHANNA	
2.3 STREET ADDRESS	5137 SUNNYDALE CIRCLE WEST	
2.4 CITY-ST-ZIP	SARASOTA, FL 34233	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RANDY BAIR	
3.3 STREET ADDRESS	5209 20TH AVE WEST	
3.4 CITY-ST-ZIP	BRADENTON, FL 34209	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: Randy Bair RANDY BAIR

1/26/97

941-739-4234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0063002

CR2E037 (9/96)