

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90066 023 ****61.25

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DOCUMENT # N44521

1. Corporation Name

VINTAGE FLYERS, INC.

Principal Place of Business

3147 ELMER ST
SARASOTA FL 34231
US

Mailing Address

6620 225TH ST E
BRADENTON FL 34202
US



2. Principal Place of Business

21 **4804 A 18TH ST. E.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

BRADENTON, FL

28 City & State

29 Zip Country

24 Zip **34207** 25 **USA**

30 Zip Country

3. Date Incorporated or Qualified

07/31/1991

4. FEI Number

65-0263750

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

BAIR, RANDY
6620 225TH ST E
BRADENTON FL 34202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 PD ☒ DELETE

NAME **HOWARD, CLAUDE**
STREET ADDRESS **3147 ELMER ST**
CITY-ST-ZIP **SARASOTA FL**

TITLE VD ☒ DELETE

NAME **BEHANNA, JIM**
STREET ADDRESS **5137 SUNNY DALE CIRCLE WEST**
CITY-ST-ZIP **SARASOTA FL**

TITLE STD ☐ DELETE

NAME **BAIR, RANDY**
STREET ADDRESS **6620 225TH ST E**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME **SCOTT LEGATE**
1.3 STREET ADDRESS **4804 A 18TH STREET WEST**
1.4 CITY-ST-ZIP **BRADENTON, FL 34207**

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME **RICHARD STRANS**
2.3 STREET ADDRESS **4004 75TH DRIVE EAST**
2.4 CITY-ST-ZIP **SARASOTA, FL 34243**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/99

Date

(941) 322-0199

Daytime Phone #

CR2E037 (11/98)