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

APPROVED AND FILED

95 MAR -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003630 (0)

1. Corporation Name

FLORIDA MILITARY MUSEUM, INC.

Principal Place of Business	Mailing Address
44 CENTRAL CT. TARPON SPRINGS FL 34689	44 CENTRAL CT. TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report:
4. FEI Number: 59-3257369 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CRAIG, THOMAS M JR
44 CENTRAL CT.
TARPON SPRINGS FL 34689

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	CRAIG, THOMAS M JR	1.2 NAME		
STREET ADDRESS	C/O 44 CENTRAL CT.	1.3 STREET ADDRESS	44 Central Ct.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SCHOLER, MICHAEL	2.2 NAME		
STREET ADDRESS	C/O 44 CENTRAL CT.	2.3 STREET ADDRESS	6509 Brandon Cir.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	Riverview, FL 33569	
TITLE	S	3.1 TITLE	S/D	☒ Change ☐ Addition
NAME	DAGROSA, JOHN B SR	3.2 NAME		
STREET ADDRESS	C/O 44 CENTRAL CT.	3.3 STREET ADDRESS	76 Yacht Club Place	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	3.4 CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	T	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	RICKERSHAUSER, DAVID	4.2 NAME		
STREET ADDRESS	C/O 44 CENTRAL CT.	4.3 STREET ADDRESS	P.O. Box 2528 1406 Withaker Rd.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	4.4 CITY-ST-ZIP	Lutz, FL 33549	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 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: _____ 2-11-95 813-932-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THOMAS M CRAIG JR PRESIDENT

0020166