

FILE NOW: FILING FEE IS \$61.25

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Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90013 003 *****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002692

1. Corporation Name

SUN STATE WING AND ROTOR CLUB, INC. E.A.A. CHAPT
ER 1192

Principal Place of Business

953 LAKEVIEW DR
N FT MYERS FL 33903

Mailing Address

953 LAKEVIEW DR
N FT MYERS FL 33903



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
O'NEAL, HOMER J 953 LAKEVIEW DR N FT MYERS FL 33903				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	O'NEAL, HOMER J	1.2 NAME	
STREET ADDRESS	953 LAKEVIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCNEAR, PATRICK	2.2 NAME	
STREET ADDRESS	%953 LAKEVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	OXNAM, MARY JANE	3.2 NAME	
STREET ADDRESS	%953 LAKEVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	OXNAM, RICHARD	4.2 NAME	
STREET ADDRESS	%953 LAKEVIEW DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33903	4.4 CITY-ST-ZIP	
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 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: Richard Oxniam 1-12-99 941-228-3774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #