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Apr 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000004107 (5)**

1. Corporation Name

WRIGHT FLIGHT OF FLORIDA, INC.

Principal Place of Business

**201 CESSNA BLVD #4
DAYTONA BEACH FL 32124**

Mailing Address

**201 CESSNA BLVD #4
DAYTONA BEACH FL 32124**



3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

59-3468223

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, ANN T
201 CESSNA BLVD #4
DAYTONA BEACH FL 32124**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **CUMMOCK, DAVID R**
STREET ADDRESS **2890 BORMAN CTD #4**
CITY - ST - ZIP **DAYTONA BEACH FL 32124**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **DT** ☐ DELETE
NAME **COUNCILL, JAMES W**
STREET ADDRESS **103 ALANWOOD DR**
CITY - ST - ZIP **ORMOND BEACH FL 32174**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **DS** ☐ DELETE
NAME **CUMMOCK, MARGUERITE H**
STREET ADDRESS **2890 BORMAN CT**
CITY - ST - ZIP **DAYTONA BEACH FL 32124**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **ROBBINS, ROBERT M**
STREET ADDRESS **40 N ST ANDREWS DR**
CITY - ST - ZIP **ORMOND BEACH FL 32174**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **T** ☐ DELETE
NAME **COUNCILL, JAMES W**
STREET ADDRESS **201 CESSNA BLVD #4**
CITY - ST - ZIP **DAYTONA BEACH FL 32124**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **RYAN, PATRICIA J**
STREET ADDRESS **8 SHELLY WAY**
CITY - ST - ZIP **ORMOND BEACH FL 32174**

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.

SIGNATURE:

David R. Cummo
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

David R. Cummo K 4/9/98 904-760-7142

CR2E037 (10/97)