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Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004296 (6)

1. Corporation Name

FLORIDA MILITARY SUPPORT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

144 CHIPPEWA AVE
TAMPA FL 33606

144 CHIPPEWA AVE
TAMPA FL 33606

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

65-0836835

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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

WILHITE, ROBERT
144 CHIPPEWA AVE
TAMPA FL 33606

81 Name

William L. Sutton

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

6355 SW 135 Drive

83

Pinecrest

84 City

FL

85 Zip Code

33156

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

William L. Sutton, Chairman William L. Sutton 3-12-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D L
NAME WILHITE, ROBERT
STREET ADDRESS 144 CHIPPEWA AVE
CITY-ST-ZIP TAMPA FL 33606

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

TITLE D
NAME BLUDWORTH, DAVID
STREET ADDRESS 3108 MEDINAH CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE D
NAME BINNIE, DAVID G
STREET ADDRESS P.O. BOX 3408 N/A
CITY-ST-ZIP TAMPA FL 33601

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

TITLE D
NAME ADAMS, BEN W
STREET ADDRESS P O BOX 1008 N/A
CITY-ST-ZIP ST AUGUSTINE FL 32085-1008

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

TITLE D
NAME GARRETT, HERMAN W
STREET ADDRESS P O BOX 362272 N/A
CITY-ST-ZIP MELBOURNE FL 32936

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

TITLE D
NAME BUSH, RONALD
STREET ADDRESS 100 S ASHLEY DR STE 2100
CITY-ST-ZIP TAMPA FL 33602-5360

6.1 TITLE
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, upon an attachment with an address.

SIGNATURE

William L. Sutton, Chairman

William L. Sutton 3-12-98

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CR2E037 (10/97)