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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N98000001789**

1. Corporation Name
PENSACOLA AREA FLIGHT WATCH, INC.

Principal Place of Business	Mailing Address
8113 TREETOP LANE PENSACOLA FL 32514	~~8113 TREETOP LANE~~ PO BOX 10877 PENSACOLA FL ~~32514~~ 32524-0877

N/A

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 PO Box 10877 Pensacola, Fl. 32524-0877	03/26/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3516803 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 PENSACOLA, FLORIDA	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32524-0877 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHIMEK, PAUL JR 8113 TREETOP LANE PENSACOLA FL 32514	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 _____ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOWLER, HEBERT S 8113 TREETOP LANE PENSACOLA FL 32514 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	(V) VICE PRESIDENT Herbert S Fowler 3361 TOMPKINS STREET PENSACOLA, FL 32504 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLBERT, DALE A 8113 TREETOP LANE PENSACOLA FL 32514 ☒ DELETE OK	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	(C)(P) PRESIDENT (and DIRECTOR)(D) DALE A Holbert 2263 NEEDLES CIRCLE PENSACOLA, FL 32514 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SODANO, RONALD M 8113 TREETOP LANE PENSACOLA FL 32514 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	(T) TREASURER STEVE FIELD 3720 POMPANO DRIVE PENSACOLA, FLA 32514 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) DIRECTOR THEODORE F. ELBERT 201 Lalbra LANE ~~PENSACOLA~~ Gulf BREEZE FL 32561 ☐ DELETE ☒ addition	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	($) Secretary PAUL SHIMEK, JR 8113 TREETOP LANE PENSACOLA, FL 32514 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) DIRECTOR PAUL MERRITT 7360 BETA LANE PENSACOLA, FL 32504-6504 ☐ DELETE ☒ addition	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	(D) DIRECTOR JOHN STEIN 7919 MOBILE HWY PENSACOLA, FL 32526 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	(D) DIRECTOR JOSEPH V SEELY, JR 3525 ROTHSCHILD DRIVE PENSACOLA FL 32503 ☐ Change ☒ Addition

CR2E037 (11/98)

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 Paul Shimek JR 2/16/99 850-479-1449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #