

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9300000675B

1. Corporation Name

FLYING CLUB INT. OF
NAPLES, INC.

Principal Place of Business

5132 LOCHWOOD CT
NAPLES FL 34112

Mailing Address

5132 LOCHWOOD CT
NAPLES FL 34112

3. Date Incorporated or Qualified

1-22-1993

3a. Date of Last Report

1996

4. FEI Number

65-0465818

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

JOHN A. GARNER

82

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

5096 LOCHWOOD CT

83

84

City

NAPLES

FL

85

Zip Code

34112

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

John A. Garner

(Signature of the corporation's registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/27/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DPT~~ ☐ DELETE
NAME HANS FORSBACH
STREET ADDRESS 5132 LOCHWOOD CT
CITY-STATE-ZIP

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME DPT
1.3 STREET ADDRESS HANS FORSBACH
1.4 CITY-STATE-ZIP 5132 LOCHWOOD CT
NAPLES FL 34112

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME DVS
2.3 STREET ADDRESS LYDIA FORSBACH
2.4 CITY-STATE-ZIP 5132 LOCHWOOD CT
NAPLES FL 34112

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME ASST. SEC.
3.3 STREET ADDRESS JOHN A. GARNER
3.4 CITY-STATE-ZIP 5096 LOCHWOOD CT
NAPLES FL 34112

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 400002168014--1
5.3 STREET ADDRESS 05/06/97--01102--021
5.4 CITY-STATE-ZIP ****165.00 ****165.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

John A. Garner

(Signature and Typed or Printed Name of Signing Officer or Director)

4/27/97

Date

941-262-6118

Daytime Phone #

CR2E034 (9/96)