SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $325 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S20937** **(6)**

1. Corporation Name
INDIAN RIVER FLYING CLUB, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
P.O. BOX 100053 PALM BAY FL 32910-0053 US	P.O. BOX 100053 PALM BAY FL 32910-0053 US

3. Date Incorporated or Qualified: **12/21/1990**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0242129** ☐ 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

9. Name and Address of Current Registered Agent

ADAMS, RICHARD B
797 N.W. ISAR AVE.
PALM BAY FL 32907

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 Zip Code

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 obligations of, Section 607.0505, 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	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	ADAMS, RICHARD	1.2 NAME	BOB HECKMAN
STREET ADDRESS	797 NW ISAR AVE	1.3 STREET ADDRESS	1113 NORTH WATERWAY DR
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	FREGO, FRANK	2.2 NAME	JOHN BONCEK
STREET ADDRESS	725 E. THRUSH CIR.	2.3 STREET ADDRESS	9050 S HWY 1
CITY-ST-ZIP	BAREFOOT BAY FL 32976	2.4 CITY-ST-ZIP	MICCO, FL 32976
TITLE	T	3.1 TITLE	T ☐ Change ☐ Addition
NAME	WHALEN, BOB	3.2 NAME	BOB WHALEN
STREET ADDRESS	318 WEST GEORGETOWN AVE	3.3 STREET ADDRESS	318 W GEORGETOWN AVE
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	S	4.1 TITLE	S ☒ Change ☐ Addition
NAME	SOBALA, PATTI	4.2 NAME	JEFF LAMMERS
STREET ADDRESS	1651 JACOBIN ST NW	4.3 STREET ADDRESS	3901 MAY LANE
CITY-ST-ZIP	PALM BAY FL	4.4 CITY-ST-ZIP	MALABAR, FL 32950
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	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert A Whalen Treasurer — June 26 1995 — 407 725 4891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT A. WHALEN

0160900 FN