

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90088 031 \*\*\*150.00

DOCUMENT # S20937

1. Corporation Name

INDIAN RIVER FLYING CLUB, INC.

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

Mailing Address  
P.O. BOX 100053  
PALM BAY FL 32910-0053  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1990

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

WHALEN, ROBERT A  
318 W GEORGETOWN AVE  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE  
NAME LAMMERS, JEFF  
STREET ADDRESS 3901 MAY LN  
CITY-ST-ZIP MALABAR FL

TITLE T ☐ DELETE  
NAME WHALEN, BOB  
STREET ADDRESS 318 WEST GEORGETOWN AVE  
CITY-ST-ZIP MELBOURNE FL

TITLE S ☐ DELETE  
NAME MAY, JEFF  
STREET ADDRESS 4323 PINEWOOD DRIVE  
CITY-ST-ZIP PALM BAY FL 32905

TITLE P ☐ DELETE  
NAME BOWMAN, STEVE  
STREET ADDRESS 550 ESCAROLE ST. SE  
CITY-ST-ZIP PALM BAY FL 32909

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME S  
3.3 STREET ADDRESS MAY JEFF  
3.4 CITY-ST-ZIP 1850 ORLEANS DR #F  
INDIALANTIC, FL. 32903

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

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

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 607, 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: Robert A. Whalen ROBERT A. WHALEN

JAN 27, 1999

407-727-6718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0119160

CR2E034 (11/98)