

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # V37474

(6)

1. Corporation Name

SUNCOAST FLIGHT SCHOOL, INC.



Principal Place of Business

**1000 N. HERCULES
MAINTENANCE HANGAR
CLEARWATER FL 34625**

Mailing Address

**1000 N. HERCULES
MAINTENANCE HANGAR
CLEARWATER FL 34625**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WILBER, CHARLES
7590 16TH AVENUE NORTH
ST. PETERSBURG FL 33710**

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

04/24/1995

4. FEI Number

59-3067243

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

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 607.0127 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 607.0125, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**PD
WILBER, CHARLES
7590 16TH AVENUE NORTH
ST. PETERSBURG FL**

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VD
DIEFENDORF, HARLAN
3378 HARBOR PLACE
LARGO FL**

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**SD
WILBER, JUSTIN
7590 16TH AVE. N
ST. PETE FL**

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**TD
WILBER, MARIE
7590 16TH AVENUE N.
ST. PETERSBURG FL**

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 affidavit.

SIGNATURE:

Charles W. Wilber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

813-447-8122

CR2E034 (12/95)