

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **636507** (6)

1. Corporation Name
HILLIARD AVIATION, INC.



Principal Place of Business: P.O. BOX 549
Mailing Address: P.O. BOX 549 HILLIARD FL 32046

| | | | | | |
|--------------------------------|----------------------|---------------------|----------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/18/1979 | 3a. Date of Last Report 01/23/1995 |
| 21 | Street, Apt. #, etc. | 26 | Street, Apt. #, etc. | 4. FEI Number 59-1953257 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | |
|---|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | | |
| SISSON, GENE P. END OF WILLIE HODGES RD. HILLIARD FL 32046 | | 81 | Name | | |
| | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | 83 | City | | |
| | | 84 | 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: _____ DATE: _____
(If not Registered Agent Signature Required, Write "Not Applicable")

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|--------------------|--|---|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | 1. TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SISSON, GENE P. | | 12. NAME | LOCKER, TRACY | |
| STREET ADDRESS | WILLIE HODGES RD. | | 13. STREET ADDRESS | 11455 AVERY DR | |
| CITY-STATE-ZIP | HILLIARD FL | | 14. CITY-STATE-ZIP | JACKSONVILLE FL 32218 | |
| TITLE | VD | <input type="checkbox"/> DELETE | 2. TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOCKER, TRACY | | 22. NAME | SISSON, GENE | |
| STREET ADDRESS | 11455 AVERY DRIVE | | 23. STREET ADDRESS | Willie Hodges Rd. | |
| CITY-STATE-ZIP | JAX FL | | 24. CITY-STATE-ZIP | Hilliard FL 32046 | |
| TITLE | SD | <input type="checkbox"/> DELETE | 3. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAULK, ROBERT A. | | 32. NAME | | |
| STREET ADDRESS | 3740 BESSANT RD. | | 33. STREET ADDRESS | | |
| CITY-STATE-ZIP | JACKSONVILLE FL | | 34. CITY-STATE-ZIP | | |
| TITLE | TD | <input type="checkbox"/> DELETE | 4. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENSON, JOSEPH E | | 42. NAME | | |
| STREET ADDRESS | WILLIE HODGES RD | | 43. STREET ADDRESS | | |
| CITY-STATE-ZIP | HILLIARD FL | | 44. CITY-STATE-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 5. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURKS, RICHARD H | | 52. NAME | | |
| STREET ADDRESS | SR-A1A-3 MILE EAST | | 53. STREET ADDRESS | | |
| CITY-STATE-ZIP | CALLAHAN FL | | 54. CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 62. NAME | | |
| STREET ADDRESS | | | 63. STREET ADDRESS | | |
| CITY-STATE-ZIP | | | 64. CITY-STATE-ZIP | | |

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)(k), 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: *JE Benson* 1/29/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JE Benson, Tracy
 Date: 1/29/96 Day, Time, Place: _____

CR2E034 (12/95)