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Feb 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 636507 (6)  
1. Corporation Name  
HILLIARD AVIATION, INC.



Principal Place of Business: P.O. BOX 549 HILLIARD FL 32046  
Mailing Address: P.O. BOX 549 HILLIARD FL 32046-0549

3. Date Incorporated or Qualified: 09/18/1979  
3a. Date of Last Report: 02/01/1996  
4. FEI Number: 59-1953257  
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 29 30

9. Name and Address of Current Registered Agent  
SISSON, GENE P.  
END OF WILLIE HODGES RD.  
HILLIARD FL 32046

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: D SISSON, GENE P. WILLIE HODGES RD. HILLIARD FL; PD LOCKER, TRACY 11455 AVERY DRIVE JACKSONVILLE FL; SD PAULK, ROBERT A. 3740 BESSENT RD. JACKSONVILLE FL; TD BENSON, JOSEPH E WILLIE HODGES RD HILLIARD FL.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows include: P Ken Clay Rt. 2 Bx 1514 Bryceville FL 32009; J Sam Garvin Rt. 1 Bx 300D Hilliard FL 32046.

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: Joseph E Benson Treasurer 2/16/97 904-348-7649

CR2E034 (9/96)