

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

FILED

**Feb 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/18/1979	
4. FEI Number 59-1953257	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
				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	
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAY, KEN		1.1 TITLE		
STREET ADDRESS	RT 2 BX 1514		1.2 NAME		
CITY-ST-ZIP	BRUCEVILLE FL		1.3 STREET ADDRESS		
TITLE	V	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	GARVIN, SAM		2.1 TITLE		
STREET ADDRESS	RT 1 BOX 3000		2.2 NAME		
CITY-ST-ZIP	HILLIARD FL		2.3 STREET ADDRESS		
TITLE	SD	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
NAME	PAULK, ROBERT A.		3.1 TITLE		
STREET ADDRESS	3740 BESSENT RD.		3.2 NAME		
CITY-ST-ZIP	JACKSONVILLE FL		3.3 STREET ADDRESS		
TITLE	TD	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
NAME	BENSON, JOSEPH E		4.1 TITLE		
STREET ADDRESS	WILLIE HODGES RD		4.2 NAME		
CITY-ST-ZIP	HILLIARD FL		4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME			5.1 TITLE		
STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME			6.1 TITLE		
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		
NAME					
STREET ADDRESS					
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.

SIGNATURE: *Joseph E Benson* Joseph E Benson Treasurer 2/6/98

CF2E034 (10/97)