

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/95: \$229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # H05099 (7)**  
 1. Corporation Name  
**RED BARON AVIATION, INC.**

**FILED**  
**95 JUL -7 AM 9:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 0602 ROCKY CREEK DR STE. 224 TAMPA FL 33615 US		Mailing Address 0602 ROCKY CREEK DR STE. 224 TAMPA FL 33615 US		3. Date Incorporated or Qualified <b>05/24/1984</b>	3a. Date of Last Report <b>08/09/1994</b>
2. Principal Place of Business 21 <b>8488 W HILLSBOROUGH AVE</b>	2a. Mailing Address 26 <b>8488 W HILLSBOROUGH AVE</b>	4. FEI Number <b>59-2412959</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc. <b>SUITE 224</b>	27 Suite, Apt. #, etc. <b>SUITE 224</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 City & State <b>TAMPA FL</b>	28 City & State <b>TAMPA FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Zip <b>33615</b>	25 Country <b>USA</b>	29 Zip <b>33615</b>	30 Country <b>USA</b>	8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GALLOPS, MYRLE B. 4623 BAYCREST DR TAMPA FL 33615</b>				10. Name and Address of New Registered Agent			
				01 Name <b>Kimmie GALLOPS</b>			
				02 Street Address (P.O. Box Number is Not Acceptable) <b>8445 FLAGSTONE DR</b>			
				03			
				04 City <b>TAMPA</b>	05 State <b>FL</b>	06 Zip Code <b>33615</b>	

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: *Kimmie Gallops* DATE: 4/27/95  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD</b>	<b>GALLOPS, KIMMIE C.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8445 FLAGSTONE DR</b>	1.2 NAME	
STREET ADDRESS	<b>TAMPA FL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE <b>PD</b>	<b>GALLOPS, MYRLE B.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4623 BAYCREST DR</b>	2.2 NAME	
STREET ADDRESS	<b>TAMPA FL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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: *Kimmie Gallops* DATE: 4/27/95 8138841003  
(Signature, typed or printed name of signing officer or director) (Type Here)

CR2E034 (3/95)