

AMENDING

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT #

1. Corporation Name

L61822

ALLIED AVIATION, INC.

Principal Place of Business

Mailing Address

100 W NASA Blvd.
Melbourne, FL 32901

100 W NASA Blvd.
Melbourne, FL 32901

3. Date Incorporated or Qualified

03/26/1990

3a. Date of Last Report

02/05/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

65-0209322

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lawrence A. Watson
100 W. NASA Blvd.
Melbourne, FL 32901

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

Lawrence A. Watson S/D/V

7/15/96

Signature typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C/D ☐ DELETE
NAME Lawrence L. Watson
STREET ADDRESS 100 W. NASA Blvd.
CITY-ST-ZIP Melbourne, FL 32901

11 TITLE D ☐ Change ☒ Addition
12 NAME M. Olin Galloway
13 STREET ADDRESS 100 W. NASA Blvd.
14 CITY-ST-ZIP Melbourne, FL 32901

TITLE P/D ☐ DELETE
NAME C. Julian May
STREET ADDRESS 100 W. NASA Blvd.
CITY-ST-ZIP Melbourne, FL 32901

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE S/D/V ☐ DELETE
NAME Lawrence A. Watson
STREET ADDRESS 100 W. NASA Blvd.
CITY-ST-ZIP Melbourne, FL 32901

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE T/D/V ☐ DELETE
NAME H. Lawrence Mason
STREET ADDRESS 100 W. NASA Blvd.
CITY-ST-ZIP Melbourne, FL 32901

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME Michael A. Watson
STREET ADDRESS 100 W. NASA Blvd.
CITY-ST-ZIP Melbourne, FL 32901

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D/V ☐ DELETE
NAME Vincent T. Paris
STREET ADDRESS 100 W. NASA Blvd.
CITY-ST-ZIP Melbourne, FL 32901

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Lawrence A. Watson

7/15/96

407-952-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)