

**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 # P95000051385 (9)
1. Corporation Name

TICO AIR, INC.



Principal Place of Business: **365 GOLDEN KNIGHTS BLVD TITUSVILLE FL 32780**
Mailing Address: **365 GOLDEN KNIGHTS BLVD TITUSVILLE FL 32780**

3. Date Incorporated or Qualified: **06/29/1995**
3a. Date of Last Report: **NONE**
4. FEI Number: **59-3328068**
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**
2a. Mailing Address: **26 P.O. Box 2563**
Suite, Apt. #, etc.: **22**
City & State: **23 Titusville FL**
Zip: **24 32781** Country: **25**
Country: **29 BREWARD** **30**

9. Name and Address of Current Registered Agent
**WASILESKI, CARL
507 PALM AVE
TITUSVILLE FL 32796**

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 re-registering)

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: MERRITT, HARRY A JR	
STREET ADDRESS: 365 Golden Knights Blvd	
CITY-ST-ZIP: TITUSVILLE FL 32781-2563	
TITLE: VD	<input checked="" type="checkbox"/> DELETE
NAME: SCOTT, RAY	
STREET ADDRESS: 365 Golden Knights Blvd	
CITY-ST-ZIP: COCOA BEACH FL 32932-0841	
TITLE: sec	<input type="checkbox"/> DELETE
NAME: Ci Ony L Dawes	
STREET ADDRESS: 365 Golden Knights Blvd	
CITY-ST-ZIP: Titusville, FL 32781	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME: _____	
13 STREET ADDRESS: _____	
14 CITY-ST-ZIP: _____	
21 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME: FRANK BRANDT	
23 STREET ADDRESS: 6415 Banyan St	
24 CITY-ST-ZIP: COCOA FL 32927	
31 TITLE: sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME: Ci Ony L Dawes	
33 STREET ADDRESS: 365 Golden Knights Blvd	
34 CITY-ST-ZIP: Titusville FL 32781	
41 TITLE: Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME: Chuck L Gross	
43 STREET ADDRESS: 365 Golden Knights Blvd	
44 CITY-ST-ZIP: Titusville, FL 32786	
51 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME: _____	
53 STREET ADDRESS: _____	
54 CITY-ST-ZIP: _____	
61 TITLE: 100001923381	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME: -08/15/96--01068--010	
63 STREET ADDRESS: ***225.00	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE: **Harry A. Merritt Jr** **07/25/96** **407-267-8141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)