

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:06

DOCUMENT # V05146

(8)

1. Corporation Name

HAWK AVIATION SERVICES, INC.

Principal Place of Business

55 RAVENWOOD DR
PORT ORANGE FL 32119
US

Mailing Address

55 RAVENWOOD DR
PORT ORANGE FL 32119
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/08/1992

3a. Date of Last Report

01/19/1994

4. FEI Number

59-8102359

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

2. Principal Place of Business

2a. Mailing Address

21 1333 Pine Avenue

26 1333 Pine Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Unit C

27 Unit C

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32824

25 USA

29 32824

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, MARK
55 RAVENWOOD DR
PORT ORANGE FL 32127

81 Name

Smith, Mark

82 Street Address (P.O. Box Number is Not Acceptable)

83 1412 Palomino Way

84 City

Oviedo

FL

85 Zip Code

32765

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

Mark Smith, Mark Smith

1-26-95

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTD
SMITH, MARK
55 RAVENWOOD DRIVE
PT. ORANGE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
PTD
Smith, Mark
1412 Palomino Way
Oviedo, FL 32765

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VSD
LEE, KENNETH
6036 FOUNTAIN PALM DRIVE
JUPITER FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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:

Mark Smith, Mark Smith

1-26-95 407-857-8222

(Signature and typed or printed name of signing officer or director)

Date

Telephone