

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY -1 PM 4: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36644 (5)

1. Corporation Name

~~DIVERSIFIED AIRCRAFT SALES, INC.~~

Diversified Aviation Service, Inc.

Principal Place of Business

Mailing Address

~~2555 BE-DINE HWY. 20015E Airport Rd~~ ~~2555 BE-DINE HWY 20015E Airport Rd.~~
STUART FL 34996
US

600001471676

-05/02/95--01148--009

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

01/31/1994

4. FEI Number

65-0334728

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

GIRARD, MADAI C.
3861 SW BIMINI CIR.
STUART FL 34996

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

Madei Girard MADAI Girard

4-24-95

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GIRARD, GARY I.
STREET ADDRESS	3861 SW BIMINI CIR.
CITY, ST, ZIP	PALM CITY FL
TITLE	PD
NAME	ADAMS, LANE
STREET ADDRESS	17593 ROCKY PINES RD.
CITY, ST, ZIP	JUPITER FL
TITLE	SD
NAME	GIRARD, MADAI C.
STREET ADDRESS	3861 SW BIMINI CIR.
CITY, ST, ZIP	PALM CITY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY, ST, ZIP	
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	Delete
2 3 STREET ADDRESS	
2 4 CITY, ST, ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	V
3 3 STREET ADDRESS	
3 4 CITY, ST, ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY, ST, ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY, ST, ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	
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)(b), 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:

Madei Girard MADAI Girard

4-24-95 407-220-6777

Signature and typed or printed name of signing officer or director

(Date)

(Telephone Number)