FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 27 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M93832 (7)

1. Corporation Name
YON AIRCRAFT COMPANY, INC.

Principal Place of Business	Mailing Address
% SIDNEY KENDRICK YON 402 BLAKEY BLVD. COCOA BEACH FL 32931	% SIDNEY KENDRICK YON 402 BLAKEY BLVD. COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1988
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2916804 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

YON, SIDNEY KENDRICK
402 BLAKEY BLVD.
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 _____ DATE
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	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	YON, TERRELL HIGDON JR.	1.2 NAME		
STREET ADDRESS	402 BLAKEY BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP		
TITLE	DST	2.1 TITLE	DT	☒ Change ☐ Addition
NAME	YON, SIDNEY KENDRICK	2.2 NAME		
STREET ADDRESS	402 BLAKEY BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	DS	☒ Change ☐ Addition
NAME	YON, MARTHA ARABELLA	3.2 NAME		
STREET ADDRESS	22545 VISTAWOOD WAY	3.3 STREET ADDRESS	1050 S. MILITARY TRAIL APT 108	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SEDLACK, SIDNEY Y	4.2 NAME		
STREET ADDRESS	17171 131ST TERRACE NORTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(i), 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: Sidney K. Yon SIDNEY K. YON JAN 24, 1995 407-783-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0068403 CP