

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # **P94000022500 (0)**

1. Corporation Name
LOCKWOOD AVIATION SUPPLY, INC.



Principal Place of Business

Mailing Address

**280 A HENDRICKS WAY
SEBRING FL 33870
US**

**280A HENDRICKS WAY
SEBRING FL 33870
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

4. FEI Number

65-0501545

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1 LOCKWOOD LANE

2a. Mailing Address

26 1 LOCKWOOD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 SEBRING, FLORIDA

28 SEBRING, FLORIDA

Zip

Country

Zip

Country

24 33870

25 US

29 33870

30 US

9. Name and Address of Current Registered Agent

**LOCKWOOD, PHILLIP J
280 HENDRICKS WAY
SEBRING FL 33870**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE

NAME **LOCKWOOD, PHILLIP J**
STREET ADDRESS **280 HENDRICKS WAY**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **DV** ☐ DELETE

NAME **HUDSON, JEFFREY**
STREET ADDRESS **280 HENDRICKS WAY**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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 **1 LOCKWOOD LANE**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP **1 LOCKWOOD LANE**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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 hereby certify that the information supplied with this filing 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 appointment with an address.

SIGNATURE:

2/20/98 (941) 655-5100

CR2E034 (10/97)