

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 636507

**Entity Name:** HILLIARD AVIATION, INC.

**Current Principal Place of Business:**

EASTWOOD RD.  
HILLIARD, FL 32046

**Current Mailing Address:**

P.O. BOX 549  
HILLIARD, FL 32046

**FEI Number:** 59-1953257

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BENSON, JOSEPH  
26929 WILLIE HODGES RD  
HILLIARD, FL 32046 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BLAKE, JOSEPH  
Address 2591 MAHOU RD  
City-State-Zip: JACKSONVILLE FL 32226

Title V  
Name HOHMANN, COURTNEY  
Address 6372 LANNIE RD  
City-State-Zip: JACKSONVILLE FL 32218

Title SD  
Name BLAKE, JOEY  
Address 146 EASY ST  
City-State-Zip: BRUNSWICK GA 31525

Title TD  
Name BENSON, JOSEPH  
Address 26929 WILLIE HODGES RD  
City-State-Zip: HILLIARD FL 32046

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH BENSON

TD

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date