

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000057910

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

**Current Principal Place of Business:**

4176 PRIMA VISTA CIRCLE NORTH  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

4176 PRIMA VISTA CIRCLE NORTH  
JACKSONVILLE, FL 32217 US

**FEI Number:** 27-0497590

**Certificate of Status Desired:** No

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

MORRISON, ROBERT S  
4176 PRIMA VISTA CIRCLE NORTH  
JACKSONVILLE, FL 32217 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 MORRISON, ROBERT S  
Address 4176 PRIMA VISTA CIRCLE NORTH  
City-State-Zip: JACKSONVILLE FL 32217

Title SEC  
Name MORRISON, BARBARA O  
Address 4176 PRIMA VISTA CIRCLE NORTH  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name MORRISON, BARBARA O  
Address 4176 PRIMA VISTA CIRCLE NORTH  
City-State-Zip: JACKSONVILLE FL 32217

Title TREA  
Name MORRISON, BARBARA O  
Address 4176 PRIMA VISTA CIRCLE NORTH  
City-State-Zip: JACKSONVILLE FL 32217

*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:** ROBERT S. MORRISON

**PRESIDENT**

**03/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date