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

APPROVED AND FILED

95 MAY -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **133028** **(1)**

1. Corporation Name

LLOYD'S FURNITURE CO.

Principal Place of Business: P O BOX NO. 1192, ORLANDO FL 32802

Mailing Address: P O BOX NO. 1192, ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/23/1936**

3a. Date of Last Report: **08/23/1994**

4. FEI Number: **59-0335410** ☐ 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 (21) / Suite, Apt. # etc. (22) / City & State (23) / Zip (24) / County (25)

2a. Mailing Address (26) / Suite, Apt. # etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

GAHR, FRED W.
211 E. YALE STREET
ORLANDO FL 32804

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 ______ DATE

12. OFFICERS AND DIRECTORS

Field	
TITLE	PD
NAME	STEINBERG, RICHARD
STREET ADDRESS	POST OFFICE BOX 195464 (N/A)
CITY, ST, ZIP	WINTER SPRINGS FL
TITLE	S
NAME	STEINBERG, RICHARD
STREET ADDRESS	POST OFFICE BOX 195464
CITY, ST, ZIP	WINTER SPRINGSS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(1–6) TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ Change ☐ Addition — blank

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: [signature] 4-2-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0417189 FP

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CORPORATION
ANNUAL REPORT
1995

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

[illegible] 10: 37

[illegible]
TALLAHASSEE, FLORIDA

DOCUMENT # **156726** **(2)**

1. Current Name
VOLUSIA AVIATION SERVICE INC

Principal Place of Business	Mailing Address
1994 AERO CIRCLE NW SMYRNA BEACH FL 32168	1994 AERO CIRCLE NW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/20/1948	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
State, Apt. # or Rm. # 22	State, Apt. # or Rm. # 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: **59-0596395** ☐ 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/will be liable 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
OLIVER, EDWARD B.,JR. 1994 AERO CIRCLE NEW SMYRNA BEACH FL 32014	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 [illegible] (If Registered Agent is an individual, this signature is required.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
Title	DP	Title	☐ Change ☐ Addition
Name	OLIVER JR, EDWARD B	Name	
Street Address	1994 AERO CIRCLE	Street Address	
City-St-Zip	NEW SMYRNA BCH FL	City-St-Zip	
Title	S	Title	☐ Change ☐ Addition
Name	OLIVER, ELEANOR	Name	
Street Address	1994 AERO CIRCLE	Street Address	
City-St-Zip	NEW SMYRNA BCH FL	City-St-Zip	
Title	VP	Title	☐ Change ☐ Addition
Name	SWANSON, SEAN	Name	
Street Address	402 SEA GULL CT	Street Address	
City-St-Zip	EDGEWATER FL	City-St-Zip	
Title	T	Title	☒ Change ☐ Addition
Name	LANAHAN, JOHN	Name	LANAHAN, John
Street Address	3311 SILVER PALM DR	Street Address	Delete, No Longer with Company
City-St-Zip	EDGEWATER FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I/We hereby certify that the information supplied with this filing is complete, accurate and in compliance with all applicable laws governing the preparation of this report. I further certify that the enclosed corporate 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Edward Oliver EDWARD OLIVER 4/25/95 904-427-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

0010173 CP