

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

FILED

May 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 175937 (2)
1. Corporation Name
SOWELL AVIATION COMPANY, INC.



Principal Place of Business Mailing Address
3469 AIRPORT DR. 3469 AIRPORT DR.
P.O. BOX 1480 P.O. BOX 1480
PANAMA CITY FL 32402 PANAMA CITY FL 32402-1490

3. Date Incorporated or Qualified 11/02/1953 3a. Date of Last Report 05/31/1996
4. FEI Number 59-0707329 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

SOWELL, J. DONALD
3045 W. 30TH COURT
PANAMA CITY FL 32405

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIANNE S. PRESTON		1.2 NAME		
STREET ADDRESS	5 ADAMS PARK CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA		1.4 CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOWELL, DEBORAH K.		2.2 NAME		
STREET ADDRESS	437 MACARTHUR AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000		2.4 CITY-ST-ZIP		
TITLE	DPT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOWELL, J. DONALD		3.2 NAME		
STREET ADDRESS	3045 W. 30TH CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000		3.4 CITY-ST-ZIP		
TITLE	DVST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOWELL, NADINE M.		4.2 NAME		
STREET ADDRESS	501 CHERRY ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 00000		4.4 CITY-ST-ZIP		
TITLE	VTS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, WELDON B.		5.2 NAME		
STREET ADDRESS	7907 PLUM CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH. FL		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENSEL, RONALD A.		6.2 NAME		
STREET ADDRESS	1257 CAPRI DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		6.4 CITY-ST-ZIP		

14. I do 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 attachment with an address.

SIGNATURE: Weldon B. Thomas, Jr. President 4/17/97 904/685-4325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)