

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90083 032 ***150.00

DOCUMENT # 175937

1. Corporation Name

SOWELL AVIATION COMPANY, INC.

Principal Place of Business

3469 AIRPORT DR.
P.O. BOX 1490
PANAMA CITY FL 32402

Mailing Address

3469 AIRPORT DR.
P.O. BOX 1490
PANAMA CITY FL 32402

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/02/1953

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 owes the current year Intangible
Personal Property Tax.

Yes No

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 D ☐ DELETE

NAME DIANNE S. PRESTON
STREET ADDRESS 5 ADAMS PARK CT
CITY-ST-ZIP COLUMBUS GA

TITLE DVS ☐ DELETE

NAME SOWELL, DEBORAH K.
STREET ADDRESS 437 MACARTHUR AVE.
CITY-ST-ZIP PANAMA CITY, FL 00000

TITLE DPT ☐ DELETE

NAME SOWELL, J. DONALD
STREET ADDRESS 3045 W. 30TH CT.
CITY-ST-ZIP PANAMA CITY, FL 00000

TITLE DVST ☐ DELETE

NAME SOWELL, NADINE M.
STREET ADDRESS 501 CHERRY ST.
CITY-ST-ZIP PANAMA CITY, FL 00000

TITLE VTS ☐ DELETE

NAME THOMAS, WELDON B.
STREET ADDRESS 7907 PLUM CIRCLE
CITY-ST-ZIP PANAMA CITY BCH. FL

TITLE V ☐ DELETE

NAME HENSEL, RONALD A.
STREET ADDRESS 1257 CAPRI DRIVE
CITY-ST-ZIP PANAMA CITY FL

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE: WELDON B. THOMAS, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 888/785-4325
Date Daytime Phone #

CR2E034 (11/98)