

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90022 016 ***150.00

DOCUMENT # 175937

1. Entity 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

3469 Airport Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Panama City FL

City & State

Suite, Apt. #, etc.

Zip

FL 32405

Country

32405 Bay

Zip

Suite, Apt. #, etc.

Country

Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Sowell, J. Donald**
Street Address (P.O. Box Number is Not Acceptable)
501 Cherry Street
City **Panama City** **FL** Zip Code **32405**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DIANNE S. PRESTON	
STREET ADDRESS	5 ADAMS PARK CT	
CITY-ST-ZIP	COLUMBUS GA	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SOWELL, DEBORAH K.	
STREET ADDRESS	437 MACARTHUR AVE.	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	SOWELL, J. DONALD	
STREET ADDRESS	3045 W. 30TH CT.	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	SOWELL, NADINE M.	
STREET ADDRESS	501 CHERRY ST.	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	HENSEL, RONALD A.	
STREET ADDRESS	1257 CAPRI DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ronald A. Hensel **VP RONALD A. HENSEL** 02-03-04 785-4325