FILED

SIGNATURE:

UNIFORM BUSINESS REPORT (UBR)								Apr 24, 2003 8:00 am Secretary of State				
DOCUMENT # 278942 1. Entity Name SOWELL AIRCRAFT SERVICE, INC.								Secretary of State 04-24-2003 90228 016 ***150.00				
Principal Place of Business 3473 AIRPORT DRIVE PO BOX 1490 PANAMA CITY FL 32402			3473 PO E PAN/	Mailing Address 3473 AIRPORT DRIVE PO BOX 1490 PANAMA CITY FL 32402								
2. Principal F	<u>Jac</u>	Kson Way	<u> </u>	iling Address O. Bo	x 12	190			1 B1917 91911 9	1811 6 1811 B	1917 91411 1941	
Suite, Apt.	·		Sur	te, Apt. #, etc.		<u> </u>		CHECK HERE IF M	AKING CH	IANGES		_
Pana		ity FL		/ & State とりなかる	Citi	, PL	4.	FEI Number 59-1033392			oplied For ot Applicable	1
32.40	5	Country U.S.	Zip	2402	Coun	fty	5. (Certificate of Status Desired [.75 Add Require		
		e and Address of Current F	Register	ed Agent	ي تے۔۔۔۔۔	Name		Name and Address of New Regis	tered Age	nt		-
SOWELL, J. DON [3045 W 30TH CT							treet Address (P.O. Box Number is Not Acceptable)					-
PANAMA CITY FL 32405						!- <u></u>	**	· · · · · · · · · · · · · · · · · · ·	<u>-</u> -			1
		,				City	<u> </u>		FL	Zip Cod	e	1
	tions of regis					ed office or re		ent, or both, in the State of Florida	l am fami	liar with,	and accept	
Afte	ILE NOW! r May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	- <u> </u>			- John Signature II		Election Campaign Financi Trust Fund Contribution.		\$5.0 Added	May Be	}
10.	1	OFFICERS AND I	DIRECTO		11.		AD	DDITIONS/CHANGES TO OFFICER				1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 CHEF	NADINE M RRY ST. CITY FL 32401		□ Delete						Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S. PRESTON PARK CT JS GA		☐ Delete						Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST DEBORAH	I K. SOWELL ARTHUR AVE	Acc. pr	□ Delete		J				·Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		J D BOTH COURT CITY FL 32405	-	☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENSEL, 1257 CAP PANAMA			☐ Delete		1				Change	☐] Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		J				Change	Addition	
indicated of the cor	l on this repo rporation or tl	rt or supplemental report is t	true and wered to	accurate and that nexecute this report	ny signat as requir	ure shall have	the same I	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; da Statutes; and that my name app	that I am a	in officer	or director	

Nadine M. Sowell