

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:03

DOCUMENT # 309027 (1)
1. Corporation Name
SUN AVIATION INC.

Principal Place of Business Mailing Address
MUNICIPAL AIRPORT POST OFFICE BOX E VERO BEACH FL 32961-3005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/12/1966		3a. Date of Last Report 03/28/1994	
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	
4. FEI Number 59-1149216		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**HOLMAN, THOMAS B.
ROSEWOOD BLVD.
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4515 16TH ST.
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, THOMAS B	2. NAME	
STREET ADDRESS	4515 16TH ST	3. STREET ADDRESS	
CITY - ST - ZIP	VERO BCH, FL 00000	4. CITY - ST - ZIP	VERO BCH, FL 32960
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, HARRY R	2.2 NAME	
STREET ADDRESS	611 TOMAHAWK TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH, FL 00000	2.4 CITY - ST - ZIP	VERO BCH, FL 32963
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, BUD L.	3.2 NAME	
STREET ADDRESS	950 47TH AVE. S.W.	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH, FL 00000	3.4 CITY - ST - ZIP	VERO BCH, FL 32968
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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 as an officer or director with an address.

SIGNATURE: Bud L. Holman Bud L. Holman 2/16/95 407-562-9257
(Date) (Typed Name) (Typed Name) (Date) (Phone Number)