FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 20 1996 8:00 am
Secretary of State

DOCUMENT # **402319** **(8)**

1. Corporation Name
F.I.T. AVIATION, INC.

Principal Place of Business
640 HARRY SUTTON ROAD
MELBOURNE INTERNATIONAL AIRPORT
MELBOURNE FL 32901-1885
US

Mailing Address
640 HARRY SUTTON ROAD
MELBOURNE INTERNATIONAL AIRPORT
MELBOURNE FL 32901-1885
US

3. Date Incorporated or Qualified: 06/02/1972
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City, State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City, State (28)
Zip (29) Country (30)

4. FEI Number: 59-1740830 — 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

9. **Name and Address of Current Registered Agent**
WILSON, MICHAEL F.
481 SAILFISH COVE
SATELLITE BCH FL 32937

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: (Type or Print Name of Person Signing) (Title of Person Signing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST ☐ DELETE	1.1 TITLE	Chairman, Director ☐ Change ☒ Addition
NAME	SMOTHERS, EDITH F.	1.2 NAME	Revay, Jr., Andrew W.
STREET ADDRESS	1176 ELMONT ST. N.W.	1.3 STREET ADDRESS	312 Palm Court
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP	Indiatlantic, FL 32903
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILSOM, MICHAEL F.	2.2 NAME	
STREET ADDRESS	481 SAILFISH COVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL	2.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FUHRER, TED A.	3.2 NAME	
STREET ADDRESS	421 ST. GEORGES COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VCD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, DR. N. THOMAS	4.2 NAME	
STREET ADDRESS	508 BAHAMA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BCH FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BOWIE, ROBERT C.	5.2 NAME	
STREET ADDRESS	2979 SO. A1A APT 214	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BCH FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NOONAN, DR. NORINE E.	6.2 NAME	
STREET ADDRESS	2480 GRASSMERE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. MELBOURNE FL	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 on an attachment with an address.

SIGNATURE: Michael F. Wilson — (407) 727-0461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)