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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

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

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

| Principal Place of Business | Mailing Address |
|---|---|
| 840 HARRY SUTTON ROAD<br>MELBOURNE INTERNATIONAL AIRPORT<br>MELBOURNE FL 32901-1865<br>US | 840 HARRY SUTTON ROAD<br>MELBOURNE INTERNATIONAL AIRPORT<br>MELBOURNE FL 32901-1832<br>US |

3. Date Incorporated or Qualified: 06/02/1972
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | 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: STEPHENS, DR. NOLAN THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 1737 INDEPENDENCE AVE.
83
84 City: MELBOURNE FL 85 Zip Code: 32940

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] 5/12/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>SMOTHERS, EDITH F.<br>1176 ELMONT ST. N.W.<br>PALM BAY FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ST<br>SMOTHERS, EDITH F.<br>947 SOUTH FORK CR.<br>MELBOURNE, FL 32901 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WILSOM, MICHAEL F.<br>481 SAILFISH COVE<br>SATELLITE BCH FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>REVAY, ANDREW W. JR.<br>312 PALM COURT<br>INDIATLANTIC FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>STEPHENS, DR. N. THOMAS<br>508 BAHAMA DR.<br>INDIAN HARBOR BCH FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | PVD<br>STEPHENS, DR. NOLAN THOMAS<br>1737 INDEPENDENCE AVE.<br>MELBOURNE, FL 32940 — ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BOWIE, ROBERT C.<br>2979 SO. A1A APT 214<br>MELBOURNE BCH FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NOONAN, DR. NORINE E.<br>2460 GRASSMERE DR<br>W. MELBOURNE FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 4/23/97 (407) 237-8461