

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 406396

1. Corporation Name  
AVIOR, INC.

Principal Place of Business  
4605 CHARLES BENNETT DRIVE  
JACKSONVILLE FL 32225

Mailing Address  
4605 CHARLES BENNETT DRIVE  
JACKSONVILLE FL 32225

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90028 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/07/1972

4. FEI Number  
59-1405437

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

HOFFMAN, BERNARD C.  
4605 CHARLES BENNETT DRIVE  
JACKSONVILLE FL 32225

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME HOFFMAN, JANET B  
STREET ADDRESS 4605 CHAS BENNETT DR  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE VD  
NAME HOFFMAN, MICHAEL J  
STREET ADDRESS 4605 CHAS BENNETT DR  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE PD  
NAME HOFFMAN, BERNARD C  
STREET ADDRESS 4605 CHAS BENNETT DR  
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE VP  
NAME MINICUCCI, PATRICIA H  
STREET ADDRESS 50 GARRO CT  
CITY-ST-ZIP PERKASIE PA 18944

TITLE VD  
NAME SIKORA, KAREN H  
STREET ADDRESS 1608 MERLOT CT  
CITY-ST-ZIP PETALUMA CA 94954

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME VP MINICUCCI, PATRICIA H.  
4.3 STREET ADDRESS 50 GARROW CT  
4.4 CITY-ST-ZIP PERKASIE, PA 18944

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*B.C. Hoffman*  
B.C. HOFFMAN

Pres.

3/2/99

904-641-8471

CR2E034 (11/98)