

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **406769** (0)

1. Corporation Name
GOLDEN HORN AVIATION, INC.

Principal Place of Business Mailing Address
SEBASTIAN AIRPORT P.O. BOX 567 ROSELAND, FL 32957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/11/1972** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1434296		<input type="checkbox"/> Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under Ch. 199.002, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	24	25	29	30		
City	State	City	State	City	State		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAN DE VOORDE, RENE G. 1327 NORTH CENTRAL AVE. SEBASTIAN FL 32958				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 requires word "REGISTERED")

(2a)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASHAW, ANNE M.	12 NAME	
STREET ADDRESS	156 12 PLACE SE	13 STREET ADDRESS	
CITY- ST- ZIP	VERO BCH. FL	14 CITY- ST- ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSHAW, WARREN B.	22 NAME	
STREET ADDRESS	156 12TH PLACE, S.E.	23 STREET ADDRESS	
CITY- ST- ZIP	VERO BEACH FL	24 CITY- ST- ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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)(b), 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: *Warren B Bradshaw* **WARREN B BRADSHAW** 6/28/95 407-589-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR