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

FILED Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (2)JORDAN AERO-MARINE, INC. Mailing Address Principal Place of Business 10197 SE 144TH PLACE 10197 SE 144TH PLACE SUMMERFIELD FL 34491 SUMMERFIELD FL 34491 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1974 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1616901 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KLEIN, JORDAN 10197 SE 144 PL Street Address (P.O. Box Number is Not Acceptable) SUMMERFIELD FL 32691 83 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE KLEIN, JORDAN NAME 1.2 NAME 10197 SE 144TH PLACE STREET ADDRESS 1.3 STREET ADDRESS SUMMERFIELD FL 34491 CITY-ST-2IP 14 CITY-ST-7IP DELETE Addition Chance TITLE 2.1 TITLE KLEIN, JORDAN, JR. NAME 2.2 NAME 10197 SE 144TH PLACE STREET ADDRESS 2.3 STREET ADDRESS SUMMERFIELD FL 34491 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP

6.4 CITY-ST-ZIP 14. Thereby 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 suppliemental adjust 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 received 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 attachnion with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: _

THILE

NAME

STREET ADORESS

DELETE

(352) 288-606

Change

Addition

CR2E034