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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # 471704

(7)

AIRCRAFT ENGINEERING, INC.

Mailing Address	
33 LAKE ELOISE LANE SE	

FILED

Jan 30, 1996 08:00 AM

Secretary of State

Principal Place of Business 33 LAKE ELOISE LANE SE WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1975 02/28/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1722982 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TURLEY, WILLIAM C. Street Address (P.O. Box Number is Not Acceptable) 33 LAKE ELOISE LN SE WINTER HAVEN FL 33884 83 84 City 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. Styriature, typed or printed name of registered agent and bits if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THE Change Addition 1. 1 TITLE TURLEY, WILLIAM C NAM-1.2 NAME 33 LAKE ELOISE LANE SE STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN, FL 00000 COLY ST ZiP 1.4 CITY-ST-ZIP DELFTE TITLE Change Addition 2 1 TITLE TURLEY, SANDRA M NAM: 22 NAME 33 LAKE ELOISE LANE SE STREET ADDRESS 23 STREET ADDRESS WINTER HAVEN, FL 00000 OITY \$1-Z(P) 2 4 CITY - S1 - ZIP THEE DELETE Change Addition 3 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST-ZIP 3.4 CITY-ST-ZIP DELETE 300 4.1 TITLE ☐ Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City - St - 7/6 44 CITY - ST - ZIP DELETE THEF 5 1 TITLE Change Addition NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 01Y-\$1-7P 5 4 CITY - ST - ZIP DELETE 1111 6. 1 TITLE ☐ Change ☐ Addition NAMi 62 NAME STRE-1 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)(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 certify 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-94 941-324-650

10/01/ /40/00