FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **479785** **(8)**

1. Corporation Name

DELAND AVIATION, INC.

Principal Place of Business	Mailing Address
955 FLITELINE BLVD P.O. BOX 2621 DELAND FL 32723-2621	955 FLITELINE BLVD P.O. BOX 2621 DELAND FL 32723-2621

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/27/1975**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-1611857** ☐ 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

SINGLETON, HARRY
956 FLITE LINE BLVD.
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: Presley, Charles G.
82 Street Address (P.O. Box Number is Not Acceptable): 955 Flite Line Blvd.
83
84 City: DeLand, FL 85 Zip Code: 32720

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: Charles G. Presley / President — 05-01-95
(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent's signature required when restating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	WEST, DEAN	12 NAME	Presley, Charles G.	
STREET ADDRESS	200 EAST NEW YORK AVENUE	13 STREET ADDRESS	1685 Blackwelder Rd.	
CITY-ST-ZIP	DELAND FL	14 CITY-ST-ZIP	DeLeon Springs, Fl. 32130	
TITLE	ST	21 TITLE	S	☒ Change ☐ Addition
NAME	SINGLETON, HARRY	22 NAME	Presley, Sandra W.	
STREET ADDRESS	2323 LAKE TALMADGE DR	23 STREET ADDRESS	1685 Blackwelder Rd.	
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	DeLeon Springs, Fl. 32130	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

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)(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: Charles G. Presley — 05-01-95 — 904-736-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414232 FP