

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 521824 (3)

1. Corporation Name

CYPRESS AVIATION, INC.



Principal Place of Business

2955 MEDULLA ROAD
STE. 301
LAKELAND FL 33811

Mailing Address

2955 MEDULLA ROAD
STE. 301
LAKELAND FL 33811

3. Date Incorporated or Qualified
01/10/1977

3a. Date of Last Report
09/22/1995

2. Principal Place of Business

21 3200 FLIGHTLINE DRIVE

Suite, Apt. #, etc.
22 SUITE 301

City & State
23 LAKELAND, FL

Zip
24 33811

Country
25 U.S.

2a. Mailing Address

26 3200 FLIGHTLINE DRIVE

Suite, Apt. #, etc.
27 SUITE 301

City & State
28 LAKELAND, FL

Zip
29 33811

Country
30 U.S.

4. FEI Number

59-1720107

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

WAGNER, STEVEN R
2955 MEDULLA ROAD
STE. 301
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name
STEVEN R. WAGNER

82 Street Address (P.O. Box Number is Not Acceptable)
3200 FLIGHTLINE DRIVE

83 SUITE 301

84 City
LAKELAND

FL 85 Zip Code
33811

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
WAGNER, ROBERT W., SR.
2955 MEDULLA RD., STE. 301
LAKELAND FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WAGNER, STEVEN R.
2955 MEDULLA RD., STE. 301
LAKELAND FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WAGNER, ROBERT W., JR.
2955 MEDULLA RD., STE. 301
LAKELAND FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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
3200 FLIGHTLINE DRIVE #301
LAKELAND, FL 33811

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3200 FLIGHTLINE DRIVE #301
LAKELAND, FL 33811

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
3200 FLIGHTLINE DRIVE #301
LAKELAND, FL 33811

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 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:

Steven R. Wagner
STEVEN R. WAGNER
President

APRIL 26, 1996

(941) 644-0428

Date

Daytime Phone #

CR2E034 (12/95)