FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 2:06

DOCUMENT # **597018** **(1)**

1. Corporation Name
CUSTOM AIRCRAFT RESTORATIONS, INC.

Principal Place of Business	Mailing Address
8383 N.E. COUNTY HWY. #318 P O BOX 565 ORANGE SPRINGS FL 32182-7565	8383 N.E. COUNTY HWY. #318 P O BOX 565 ORANGE SPRINGS FL 32182-7565

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/12/1978**
3a. Date of Last Report: **08/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: ~~59-1856984~~ ☐ 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

NIEMAN, VIRGINIA
8383 N.E. COUNTY HWY.318
ORANGE SPRINGS FL 32182-7565

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	NIEMAN, ARNOLD	12 NAME		
STREET ADDRESS	8383 N.E. COUNTY HWY.318	13 STREET ADDRESS		
CITY-ST-ZIP	ORANGE SPRINGS FL	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	NIEMAN, VIRGINIA	22 NAME		
STREET ADDRESS	8383 N.E. COUNTY HWY.318	23 STREET ADDRESS		
CITY-ST-ZIP	ORANGE SPRINGS FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	NIEMAN, TERRY	32 NAME		
STREET ADDRESS	905 NW 43RD ST. →	33 STREET ADDRESS	1022 W. 16th St.	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	Sedalia, Mo. 65301	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	NIEMAN, LARRY	42 NAME		
STREET ADDRESS	8493 W. NATIONAL RD.	43 STREET ADDRESS		
CITY-ST-ZIP	NEW CARLISLE OH	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		

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: Virginia Nieman 4-5-95 904-546-2065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number