

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

12/12/1978

3a. Date of Last Report

04/10/1995

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.1506, 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 corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

NIEMAN, ARNOLD

STREET ADDRESS

8383 N.E. COUNTY HWY.318

ORANGE SPRINGS FL

CITY - ST - ZIP

ST

NIEMAN, VIRGINIA

STREET ADDRESS

8383 N.E. COUNTY HWY.318

CITY - ST - ZIP

ORANGE SPRINGS FL

TITLE

VD

☐ DELETE

NAME

NIEMAN, TERRY

STREET ADDRESS

1022 W 16TH ST

CITY - ST - ZIP

SEDALIA MO

TITLE

VD

☐ DELETE

NAME

NIEMAN, LARRY

STREET ADDRESS

8493 W. NATIONAL RD.

CITY - ST - ZIP

NEW CARLISLE OH

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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:

Virginia Nieman

VIRGINIA NIEMAN 4-10-96

352-546-2065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)