

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 646514 (0)

1. Corporation Name

MIRACLE STRIP AVIATION, INC.



Principal Place of Business

**1001 AIRPORT RD.
DESTIN FL 32541
US**

Mailing Address

**P. O. BOX 159
DESTIN FL 32540
US**

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

3. Date Incorporated or Qualified

12/01/1979

3a. Date of Last Report

02/07/1995

4. FEI Number

59-1952469

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

10. Name and Address of New Registered Agent

**BRIGMAN, WALTER M.
DESTIN-FT. WALTON BEACH AIRPORT
DESTIN FL 32541**

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE
NAME **BECK, JAMES W**
STREET ADDRESS **308 SPRING LANE**
CITY- ST- ZIP **DESTIN, FL 00000**

TITLE **D** ☐ DELETE
NAME **VAN ATTA, LEON**
STREET ADDRESS **749 SPRING LANE**
CITY- ST- ZIP **DESTIN FL**

TITLE **V** ☐ DELETE
NAME **SNODGRASS, JOSEPH**
STREET ADDRESS **RT 1 BOX 151A**
CITY- ST- ZIP **SANTA ROSA BCH, FL 00000**

TITLE **PD** ☐ DELETE
NAME **BRIGMAN, WALTER M**
STREET ADDRESS **848 TROPIC AVE**
CITY- ST- ZIP **FT WALTON BCH, FL 00000**

TITLE **ST** ☐ DELETE
NAME **SWINARSKI, ANNE C**
STREET ADDRESS **302 WOODLAND AVNUE**
CITY- ST- ZIP **MARY ESTHER, FL 00000**

TITLE **D** ☐ DELETE
NAME **VAN ATTA, C F**
STREET ADDRESS **407 SPRING LANE**
CITY- ST- ZIP **DESTIN, FL 32540**

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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:

Anne C. Swinarski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 March 1996

904 837-6135

CR2E034 (12/95)