

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # 677445

(9)

2017-11-12:18

SUPERIOR AVIATION, INC.

STATE
TALLAHASSEE, FLORIDA

Principal Name (Sole Owner)

Managing Agent

6621 SOUTHPOINT DR. N #150
JACKSONVILLE FL 32216

6621 SOUTHPOINT DR. N #150
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Reported or Due Date 07/02/1980	3a. Date of Last Report 04/26/1994
4. FID Number 59-2006860	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 the Florida Statutes ☒ Yes ☐ No	

2. Principal Name of Corporation	2a. Mailing Address
21. State Apt # etc	26. State Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. City	29. City
25. State	30. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARVADI, GERALD S.
6621 SOUTHPOINT DR. N. #150
JACKSONVILLE FL 32216

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 607.02(1) and 607.03(1) of the Florida Statutes, the above named corporation ratifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Each 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 607.03(1) of the Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Designated Agent)

(Signature of Agent or Registered Agent after the filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P SARVADI, GERALD S. 6621 SOUTHPOINT DR. N. #150 JACKSONVILLE FL 32216	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY		3. STREET ADDRESS	
STATE		4. CITY	
NAME	S GIBSON, SIDNEY 6621 SOUTHPOINT DR. N. #150 JACKSONVILLE FL 32216	5. NAME	☐ Change ☐ Addition
STREET ADDRESS		6. NAME	
CITY		7. STREET ADDRESS	
STATE		8. CITY	
NAME	T BOSKET, VICTOR L 6621 SOUTHPOINT DR. N. #150 JACKSONVILLE FL 32216	9. NAME	☐ Change ☐ Addition
STREET ADDRESS		10. NAME	
CITY		11. STREET ADDRESS	
STATE		12. CITY	
NAME		13. NAME	☐ Change ☐ Addition
STREET ADDRESS		14. NAME	
CITY		15. STREET ADDRESS	
STATE		16. CITY	
NAME		17. NAME	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	
CITY		19. STREET ADDRESS	
STATE		20. CITY	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is equally true and correct as stated in law (Chapter 607, Florida Statutes). I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my corporation shall have the same legal effect as if made by the state. That I am an officer or director of the corporation and the reason for my resignation was approved by the board of directors after this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on any other report with this address.

SIGNATURE:

Victoria L Bosket
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR
VICTORIA BOSKET

4-28-95