FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 13 PM 2:36

DOCUMENT # 740489 (0)

1. Corporation Name

VALIANT AIR COMMAND, INC.

Principal Place of Business	Mailing Address
6600 TICO RD TITUSVILLE FL 32780	6600 TICO RD TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/1977
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1773787 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROSS TRACHTMAN HENDERSON & CHILDRESS PA
1990 WEST NEW HAVEN AVE
SUITE 201
MELBOURNE FL 32904

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	1.1 TITLE		☐ Change ☐ Addition
NAME	QUINLAN, KEVIN	1.2 NAME		
STREET ADDRESS	1002 S. MAGEE BRANCH CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	TOBERTS, RAY O.	2.2 NAME	ROBERTS, RAY O	
STREET ADDRESS	435 GREEN TURTLE COVE	2.3 STREET ADDRESS	435 GREEN TURTLE COVE	
CITY-ST-ZIP	SATELLITE BCH. FL	2.4 CITY-ST-ZIP	SATELLITE BEACH, FL	
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	MATHEWS, ROBERT A	3.2 NAME		
STREET ADDRESS	14888 SW 111 STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	IACUZZO, ALICE M.	4.2 NAME		
STREET ADDRESS	1305 S. ATLANTIC AVE., SUITE 380	4.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BCH. FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	CLAPPER, CHARLES	5.2 NAME		
STREET ADDRESS	6926 SKYLINE DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, DOUGLAS	6.2 NAME	BOBES, BARRY	
STREET ADDRESS	6000 SW 151ST STREET	6.3 STREET ADDRESS	1000 DOUGLAS AVE #191	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ray O. Roberts RAY O. ROBERTS 4/5/95 407-268-1941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000J409