

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90166 036 ***150.00

DOCUMENT # 812924

1. Corporation Name

DURHAM AIRCRAFT SERVICE, INC.



Principal Place of Business

156 DUFFY AVE
HICKSVILLE NY 11801

Mailing Address

156 DUFFY AVE
HICKSVILLE NY 11801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1958

4. FEI Number

11-1509529

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3701 Northwest 66th Avenue

2a. Mailing Address

26 P.O. Box 628

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, Florida

28 Springville, Utah

Zip Country

Zip Country

24 33166

25 USA

29 84663-0628

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLEY, J.A.
3701 N. W. 66TH AVENUE
VIRGINIA GARDENS FL 33166

81 Name

Cletis T. Holden

82 Street Address (P.O. Box Number is Not Acceptable)

3701 Northwest 66th Avenue

83

84 City
Miami

FL

85 Zip Code
33166

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 of 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 607.1508, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME HASSLER, R W
STREET ADDRESS 97 GIANELLI AVE
CITY-ST-ZIP MERRICK NY

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME J. Brent Wood
1.3 STREET ADDRESS 1625 North Mountain Springs Parkway
1.4 CITY-ST-ZIP Springville, Utah 84663

TITLE VD ☒ DELETE
NAME DANIELS, R L
STREET ADDRESS 67792 KLINGER LAKE RD
CITY-ST-ZIP STURGIS MI

2.1 TITLE V/D ☐ Change ☒ Addition
2.2 NAME William T. Gaston
2.3 STREET ADDRESS 1625 North Mountain Springs Parkway
2.4 CITY-ST-ZIP Springville, Utah 84663

TITLE VD ☒ DELETE
NAME HILLEY, J A
STREET ADDRESS RIVER BEND WENTWORTH J
CITY-ST-ZIP TEQUESTA FL

3.1 TITLE T/S/D ☐ Change ☒ Addition
3.2 NAME Dennis R. Larsen
3.3 STREET ADDRESS 1625 North Mountain Springs Parkway
3.4 CITY-ST-ZIP Springville, Utah 84663

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)