2-6-95 D.901-C

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

2020 CAS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:44

DOCUMENT # 834713 (0)

1. Corporation Name
LLOYD AIRCRAFT INC.

Principal Place of Business	Mailing Address
975 SUNSHINE LANE P. O. BOX 160023 ALTAMONTE SPRGS 32716	975 SUNSHINE LANE P. O. BOX 160023 ALTAMONTE SPRGS 32716

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/22/1975
3a. Date of Last Report: 02/07/1994
4. FEI Number: 22-1554109 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GLICKEN, IRVING C.
~~231 ESCONDIDO DRIVE~~ 532 ORANGE DRIVE #13
ALTAMONTE SPRINGS FL 32701

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 Irving C. Glicken 1/31/95
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	S	1.1 TITLE	☒ Change ☐ Addition
NAME	GLICKEN, NANCY K	1.2 NAME	
STREET ADDRESS	~~231 ESCONDIDO DRIVE~~	1.3 STREET ADDRESS	532 ORANGE DRIVE UNIT-13
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	P	2.1 TITLE	☒ Change ☐ Addition
NAME	GLICKEN, IRVING C	2.2 NAME	
STREET ADDRESS	~~231 ESCONDIDO DRIVE~~	2.3 STREET ADDRESS	532 ORANGE DRIVE UNIT-13
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	IVINS, KRISTEN	3.2 NAME	
STREET ADDRESS	3831 LAKEVIEW ACRES RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD LF	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	GLICKEN, BRADLEY R	4.2 NAME	
STREET ADDRESS	1230 MADELENA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	GLICKEN, JACLYN R	5.2 NAME	
STREET ADDRESS	546 ORANDE DR, STE 22	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GLICKEN, LLOYD S	6.2 NAME	
STREET ADDRESS	310 BEACH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE MEADOW LK NJ	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: Irving C. Glicken IRVING C. GLICKEN 1/31/95 862-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0040095 CP