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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 852059 (5)

1. Corporation Name
SPRING HILL AVIATION, INC.



Principal Place of Business Mailing Address
SPRING HILL RD SPRING HILL RD
BOX 55 BOX 55
STERLING PA 18463 STERLING PA 18463-0055

3. Date Incorporated or Qualified 03/03/1982 3a. Date of Last Report 04/26/1996

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

4. FEI Number 23-1871450
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

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASSIDOMO, KATHLEEN
KELLY, PRICE, PASSIDOMO, SIKET & ROSS
2640 GOLDEN GATE PARKWAY STE 315
NAPLES FL 33942

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 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, MICHAEL	1.2 NAME	
STREET ADDRESS	BOX 55 SPRING HILL RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	STERLING PA 33963	1.4 CITY - ST - ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA CAPUTO	2.2 NAME	
STREET ADDRESS	BOX 55 SPRING HILL RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	STERLING PA	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRY MACKSON	3.2 NAME	
STREET ADDRESS	ONE WINDSOR PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	ALLENTOWN PA 18195-1014	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Michael Caputo*

1-17-96 717-689-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael Caputo, President

CR2E034 (9/96)