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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 852059

SPRING HILL AVIATION, INC.

(5)

FILED Jan 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address SPRING HILL RD SPRING HILL RD BOX 55 BOX 55 STERLING PA 18463 STERLING PA 18463 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/03/1982 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 23-1871450 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PASSIDOMO, KATHLEEN 81 KELLY.PRICE,PASSIDOMO,SIKET & ROSS 82 Street Address (P.O. Box Number is Not Acceptable) 2640 GOLDEN GATE PARKWAY STE 315 NAPLES FL 33942 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition CAPUTO, MICHAEL NAME 1.2 NAME CR2E034 **BOX 55 SPRING HILL RD** STREET ADDRESS 1.3 STREET ADDRESS STERLING PA 33963 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE DONNA CAPUTO NAME 2.2 NAME **BOX 55 SPRING HILL RD** STREET ADDRESS 2.3 STREET ADDRESS STERLING PA CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MURRY MACKSON NAME 3.2 NAME ONE WINDSOR PLAZA STREET ADDRESS **3 3 STREET ADDRESS** ALLENTOWN PA 18195-1014 CITY - ST- ZIP 3.4. CITY - ST - ZIP TITLE __ DELETE Change Addition 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 angual 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 corantation or the receiver of 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 or an attachment with an address.

SIGNATURE:

717 689-2696