

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 31 AM 11:14

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000340

~~SAI-C130 TMC LIMITED PARTNERSHIP~~
C-130 POWER MASTER LIMITED PARTNERSHIP
(See Amendment)



Mailing Address

Principal Office Address

~~7801 PAUL TIBBETS ST.
RICKENBACHER AIRPORT
COLUMBUS OH 43217~~

% CRESTVIEW AEROSPACE
5486 FAIRCHILD ROAD
CRESTVIEW FL 32539

3. Date Formed or Registered

08/20/1993

5a. Capital Contributions as
Shown on record:

\$1,591,994.00

3a. Date of Last Report

04/03/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$1,591,994.00

4. State or Country of Formation

OH

2. Mailing Address

2a. Principal Office Address

5486 FAIRCHILD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CRESTVIEW, FL

Zip

Country

32539 USA

Zip

Country

6. FEI Number

31-1367604

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or reg-tered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or reg-tered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

SNOW AVIATION INTERNATIONAL

7201 PAUL TIBBETS ST.

COLUMBUS OH 43217

F98000000000

(See Amendment)
**C-130 POWER MASTER
LIMITED LIABILITY
COMPANY**

5486 FAIRCHILD RD.

**CRESTVIEW, FL
32539**

**900002053199--3
-01/03/97--01107--012
****576.25 ****576.25**

M96000000285

GSH

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

**C-130 POWER MASTER
LIMITED LIABILITY COMPANY
BY ITS MANAGER: PSCI, LLC**

DATE

December 26, 1996

Daytime Telephone Number

904

CR2E003 (6/96)

0013840