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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F14230

(9)

2633 CAUESWAY BLVD

PO BOX 5777

Mailing Address

**DOCUMENT #** 

Principal Place of Business

PO BOX 5777

2633 CAUESWAY BLVD

TAMPA BAY AVIATION, INC.

IAMPA EL 3	36/5	TAMPA FL 33675							
						3. Date incorporated or Qualified 01/09/1981	3a. Date	3/06	1995
. Principa Plac	e of Business	2a. Mailing Address				4. FEI Number 59-2827047	1	$\top$	Applied For
l		26				59-2827047		$_{\perp}$	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt #, etc.				5. Certificate of Status Desired			75 Additional e Required
City & State         City & State           28						Election Campaign Financing     Trust Fund Contribution			00 May Be ded to Fees
Ζιμ	Country 25	7 <sub>(p)</sub>	Count	try		8. This corporation has liability for in Florida Statutes Yes	intangible ta	under	s 199.032,
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New R	egistered A	gent	
			8	B1	Name				
	GGI, JOSEPH A			B2	Street Addres	s (P.O. Box Number is Not Acceptab	ole)		
	AUSEWAY BLVD FL 33619								
IAMPA	LF 33018		8	B3					
			ē	B4	City	<del></del>		85	Zip Code
						on submits this statement for the pur	FL	بلبل	
or registered familiar with	i agent, or both, in the State of Floric, , and accept the obligations of, Secti	da: Such change was authoriza Jion 607.0505, Florida Statutes	ed by the co	orpo	iration's board	of directors. I hereby accept the app	ointment as i	egister	ad agent. I am
Snature :	gressine, typed or printed name of registered agent	rand title Lapplicable (NC	TE: Registered A	kuent	signature required w	hen reinstating)	DATE		
	OFFICERS AND		13.	<u> </u>	<u></u>	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12
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l F	DANCE, TIM	☐ DELETE	2 1 111				L	] Chang	e 🔲 Addition
ME	216 E ROBERTSON ST		2 2 NAM						
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REFEADORESS	4811 KELLY ROAD				ADDRESS				
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:E ME HEET ADDRESS Y-ST ZIP	VERSAGGI, JOE 2633 CAUSEWAY BLVD TAMPA FL VD	☐ DELETE	4 1 TIT 4.2 NAA 4.3 STR	LE ME REET A Y-ST	ADDRESS			] Chang	
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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 early, 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:

NIIG OFFICER OR DIRECTOR

1-2 5-96 8/3-248.1089