


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 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 # F14230 (9) 1. Corporation Name TAMPA BAY AVIATION, INC.			
Principal Place of Business 2633 CAUESWAY BLVD PO BOX 5777 TAMPA FL 33675		Mailing Address 2633 CAUESWAY BLVD PO BOX 5777 TAMPA FL 33675-5777	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 01/09/1981		3a. Date of Last Report 01/31/1996	
4. FEI Number 59-2827047		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent VERSAGGI, JOSEPH A 2833 CAUSEWAY BLVD TAMPA FL 33619		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 _____ <small>Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when resigning) DATE</small>			
12. OFFICERS AND DIRECTORS			
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	DANCE, KEN		
STREET ADDRESS	216 E ROBERTSON ST		
CITY - ST - ZIP	BRANDON FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	DANCE, TIM		
STREET ADDRESS	216 E ROBERTSON ST		
CITY - ST - ZIP	BRANDON FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	SMITH, E C		
STREET ADDRESS	4811 KELLY ROAD		
CITY - ST - ZIP	TAMPA, FL 00000		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	VERSAGGI, JOE		
STREET ADDRESS	2833 CAUSEWAY BLVD		
CITY - ST - ZIP	TAMPA FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	HUNTER, PAUL		
STREET ADDRESS	4816 BROWNING AVENUE		
CITY - ST - ZIP	TAMPA FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	MIDDLEBROOK, DOUG		
STREET ADDRESS	97 E. DAVIS BLVD.		
CITY - ST - ZIP	TAMPA FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. VERSAGGI JR.

Date

Daytime Phone #

037M31

CR2E034 (9/96)