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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F14230.

TAMPA BAY AVIATION, INC.

Mailing Address Principal Place of Business

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90068 014 ***155.00



2633 CAUESWAY BLVD PO BOX 5777 TAMPA FL 33675			2633 CAUESWAY BLVD PO BOX 5777 TAMPA FL 33675				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/09/1981
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
			26				59-2827047 Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State		1	City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip Coun				This corporation owes the current year Intangible
24	25	29	30				Personal Property Tax.
	9. Name and Address of Currer	nt Regist	ered Agent				10. Name and Address of New Registered Agent
					81	Name	
VERSAGGI, JOSEPH A 2633 CAUSEWAY BLVD			82			Street Add	Iress (P.O. Box Number is Not Acceptable)
TAMPA FL 33619							
	·				84	City	FL 85 Zip Code
11. Pursuant to office or reagent. Lar	o the provisions of Sections 607.050 sgistered agent, or both, in the State in familiar with, and accept the obliga)2 and 60 of Floridations of,	07.1508, Florida Statute a. Such change was au Section 607.0505, Flori	s, the ab thorized da Statu	by t	-named corp he corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	int and title if	applicable. (NOTE: I		Agent	signature require	ed when reinstating) DATE
12.	OFFICERS AN	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VD		☐ ĐELETË	1.1 TITI	LE	1	☐ Change ☐ Addition
NAME	DANCE, KEN			1.2 NA	ME		
STREET ADDRESS	216 E ROBERTSON ST			1.3 STI	REET	ADDRESS	
CITY-ST-ZIP	BRANDON FL			1.4 CIT	Y-ST	- ZIP	
TITLÉ	SD		☐ DELETE	2.1 TIT	LE		☐ Change ☐ Addition
NAME	DANCE, TIM			2.2 NA	2.2 NAME		
STREET ADDRESS				2.3 STI	REET.	ADDRESS	
CITY-ST-ZIP	BRANDON FL			2.4 CITY-ST-ZIP		r-zip	
TITLE				3.1 TIT	LE		☐ Change ☐ Addition
NAME	SMITH, E C			3.2 NAA			
STREET ADDRESS	4811 KELLY ROAD			3.3 STF	REET	ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000			3.4. CI	TY-SI	T- ZIP	
TITLE			4.1 TIT	LE		☐ Change ☐ Addition	
NAME	VERSAGGI, JOE			4. 2 NA	ME		
STREET ADDRESS	2633 CAUSEWAY BLVD	4.3 ST		4.3 STI	REET	ADDRESS	
CITY-ST-ZIP	TAMPA FL			4.4 CIT	Y-ST	-ZIP	
TITLE			5.1 TIT	Œ		☐ Change ☐ Addition	
NAME	HUNTER, PAUL	50		5.2 NA	ME		
STREET ADDRESS	4616 BROWNING AVENUE			5.3 ST	REET	ADDRESS	
CITY-ST-ZIP	TAMPA FL			5.4 CIT	Y-ST	-ZIP	
TITLE	VD		☐ DELETE	6.1 TTT	ì.E	-	☐ Change ☐ Addition
NAME .	MIDDLEBROOK, DOUG		_	6.2 NA	ME	ļ	
1				6.3 ST	REET	ADDRESS	
STREET ADDRESS	97 E. DAVIS BLVD.			3.00			

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 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, with all other like empowered.

SIGNATURE: