FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F85933** **(2)**

1. Corporation Name
BALLARD AVIATION CORPORATION

Principal Place of Business
3525 SOUTH CITRUS CIRCLE
ZELLWOOD FL 32798

Mailing Address
3525 SOUTH CITRUS CIRCLE
ZELLWOOD FL 32798

2. Principal Place of Business
21 2600 KAREN DR
Suite, Apt #, etc
22
City & State
23 MT. DORA, FLA.
Zip
24 32757
Country
25 U.S

2a. Mailing Address
26 2600 KAREN DR
Suite, Apt #, etc
27
City & State
28 MT. DORA FLA.
Zip
29 32757
Country
30 US

3. Date Incorporated or Qualified: 06/18/1982
3a. Date of Last Report: 08/10/1995
4. FEI Number: 59-2212522 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BALLARD, TODD
3525 SOUTH CITRUS CIRLCE
ZELLWOOD FL 32798

10. Name and Address of New Registered Agent
81 Name: BALLARD, TODD
82 Street Address (P.O. Box Number is Not Acceptable)
83 2600 KAREN DR
84 City: MT. DORA FL 85 Zip Code: 32757

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: [signature] TODD S. BALLARD DATE: 3/21/96

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BALLARD, TODD	
STREET ADDRESS	3525 SOUTH CITRUS CIRCLE	
CITY-ST-ZIP	ZELLWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	BALLARD, TODD	
1.3 STREET ADDRESS	2600 KAREN DR.	
1.4 CITY-ST-ZIP	MT. DORA, FLA 32757	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. 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 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.

SIGNATURE: [signature] TODD S. BALLARD 3/20/96 904 7353213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #