

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

3/21/95

B-2429-C

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001474 (5)

1. Corporation Name

HAWTHORNE AVIATION, INC.

Principal Place of Business

P.O. BOX 61000
CHARLESTON SC 29402

Mailing Address

P.O. BOX 61000
CHARLESTON SC 29402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/23/1994

3a. Date of Last Report

4. FEI Number

57-0179100

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23

27. City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

APPLEBAUM, DEANNA L
11600 AVIATION BLVD., 11600 BLDG.
PALM BEACH GARDENS FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

HARTON, T D

STREET ADDRESS

P.O. BOX 61000 N/A

CITY-ST-ZIP

CHARLESTON SC

TITLE

SD

NAME

HARTON, CYNTHIA A

STREET ADDRESS

P.O. BOX 61000 N/A

CITY-ST-ZIP

CHARLESTON SC

TITLE

CT

NAME

STRICKLAND, VERNON B

STREET ADDRESS

P.O. BOX 61000 N/A

CITY-ST-ZIP

CHARLESTON SC

TITLE

D

NAME

STRICKLAND, WILLIAM T

STREET ADDRESS

P.O. BOX 61000 N/A

CITY-ST-ZIP

CHARLESTON SC

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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 110.07(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]

Signature and typed or printed name of signing officer or director

[Signature] 3/15/95

Date

Daytime (Area #)