

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90106 047 ***150.00

DOCUMENT # **F94000001474**

1. Corporation Name

HAWTHORNE AVIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 61000
CHARLESTON SC 29402

P.O. BOX 61000
CHARLESTON SC 29402



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARTON, T D	
STREET ADDRESS	P.O. BOX 61000 N/A	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HARTON, CYNTHIA A	
STREET ADDRESS	P.O. BOX 61000 N/A	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	CT	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, VERNON B	
STREET ADDRESS	P.O. BOX 61000 N/A	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRICKLAND, WILLIAM T	
STREET ADDRESS	P.O. BOX 61000 N/A	
CITY-ST-ZIP	CHARLESTON SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HARTON, TD	
1.3 STREET ADDRESS	PO Box 525	
1.4 CITY-ST-ZIP	Winston-Salem, NC 27102-0525	
2.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THRIFT, BILL	
2.3 STREET ADDRESS	PO Box 525	
2.4 CITY-ST-ZIP	Winston-Salem, NC 27102-0525	
3.1 TITLE	VESPERTINE, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEDFOORD, GREGORY	
3.3 STREET ADDRESS	1001 PENNSYLVANIA AVENUE	
3.4 CITY-ST-ZIP	WASHINGTON, DC 20004-2505	
4.1 TITLE	VCFO SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JAMES F. FLORENCE	
4.3 STREET ADDRESS	PO BOX 525	
4.4 CITY-ST-ZIP	Winston-Salem, NC 27102-0525	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)