

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 # F94000001474

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

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

29 Zip Country
30

9. Name and Address of Current 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HARTON, T D P.O. BOX 61000 N/A CHARLESTON SC	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP PD HARTON, TD PO Box 525 Winston-Salem, NC 27102-0525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARTON, CYNTHIA A P.O. BOX 61000 N/A CHARLESTON SC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP SVP THRIFT, BILL PO Box 525 Winston-Salem, NC 27102-0525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT STRICKLAND, VERNON B P.O. BOX 61000 N/A CHARLESTON SC	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP VPS LEDFORD, GREGORY 1001 PENNSYLVANIA AVENUE WASHINGTON, DC 20004-2505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, WILLIAM T P.O. BOX 61000 N/A CHARLESTON SC	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP VCFO SECRETARY JAMES F. FLORENCE PO BOX 525 Winston-Salem, NC 27102-0525
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

Daytime Phone #

001511

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

05-05-1999 90106 047 ***150.00



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
 \$5.00 May Be
Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax.
 Yes No

10. Name and Address of New Registered Agent

CR2E034 (11/98)