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Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # F97000003255

1. Corporation Name: Johnny Thomson Airfield Inc.

Principal Place of Business	Mailing Address
12123 Cortez Rd Cortez Fl. 34215	PO Box 279 Cortez Fl. 34215 U.S.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: June 23 1997

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0760448 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Frank P Cipriani
12123 Cortez Rd
Cortez Fl. 34215

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P-President	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Frank P Cipriani		12 NAME	
STREET ADDRESS	12123 Cortez Rd		13 STREET ADDRESS	
CITY-ST-ZIP	Cortez Fl 34215		14 CITY-ST-ZIP	
TITLE	Vice Pres. V.	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Ramon Pabalan		22 NAME	
STREET ADDRESS	3319 36th Ave		23 STREET ADDRESS	
CITY-ST-ZIP	Ellenton Fl. 34222		24 CITY-ST-ZIP	
TITLE	S.	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Beth Pabalan		32 NAME	
STREET ADDRESS	3319 36th Ave		33 STREET ADDRESS	
CITY-ST-ZIP	Ellenton Fl. 34222		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	JoAnne Cipriani		42 NAME	
STREET ADDRESS	12123 Cortez Rd		43 STREET ADDRESS	
CITY-ST-ZIP	Cortez, Fl. 34215		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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.

SIGNATURE: Frank P. Cipriani — 4-3-98 — 941-794-1229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)