

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL 20 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G61611

(1)

1. Corporation Name

SPITFIRE AIRCRAFT, INC.

Principal Place of Business

1117 TANGELO ISLE
FT. LAUDERDALE FL 33315

Mailing Address

1117 TANGELO ISLE
FT. LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/29/1983

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21 1328 Citrus Isle

2a. Mailing Address

26 1328 Citrus Isle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2332224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 Ft. LAUDERDALE, FL

City & State

28 Ft. LAUDERDALE, FL

Zip

24 33315

Country

25 U.S.A.

Zip

29 33315

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PARTON, STELLA B.
117 TANGELO ISLE
FT. LAUDERDALE FL 33315

81 Name

STELLA B. PARTON

82 Street Address (P.O. Box Number is Not Acceptable)

83 1328 CITRUS ISLE

84 City

FT. LAUDERDALE

FL

85 Zip Code

33315

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
PARTON, STELLA
1117 TANGELO ISLE
FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

STELLA PARTON
1328 CITRUS ISLE
FT. LAUDERDALE, FL 33315

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stella B. Parton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

7/14/95

(305) 467-8200
Daytime Phone #

CR2E034 (3/95)