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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G91830** **(1)**

1. Corporate Name

B. C. ENTERPRISES AVIATION INCORPORATED

Principal Place of Business

ROUTE 7, BOX 375
LAKE CITY FL 32055

Mailing Address

RT 6 BOX 338
LAKE CITY FL 32055
US

(Name and Address)

3. Date Incorporated / Qualified: **03/19/1984**

3a. Date of Last Report: **04/20/1994**

21 Principal Place of Business

22 Principal Place of Business

23 Principal Place of Business

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2a. Mailing Address

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4. FEI Number: **59-2384234** ☐ 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. Section 607.1904, Florida Statutes: ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CRESENZO, ANDY
ROUTE 6, BOX 338
LAKE CITY FL 32055

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 Section(s) 607.1905 and 607.1906, Florida Statutes, the above named corporation submits the following statement in 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 (if new) and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR DATA

DP
CRESENZO, ANDY
ROUTE 6, BOX 338
LAKE CITY FL

13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR DATA

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true and accurate and that my signature shall serve 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 13 above with an asterisk.

SIGNATURE: ANDY CRESENZO *Andy Cresenzo* 5/1/95 904 755 7756

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EXECUTING REPORT DATE DAYTIME TELEPHONE NUMBER

0400716 FP