

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # H41613 1. Corporation Name

PENINSULA AVIONICS, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90083 010 ***150.00



Principal Place of Business	Mailing Address					
14229 SW 127TH ST MIAMI FL 33186	14229 SW 127TH ST MIAMI FL 33186		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 02/06/1985			
Principal Place of Business 2a. Mailing Address			4. FEI Number Applied For			
21	26		59-2496566 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_	5. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 24 25		Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
MERCER, CARL A.		81 1	Name			
981 SW 66TH AVENUE		82 3	Street Address (P.O. Box Number is Not Acceptable)			
NORTH LAUDERDALE FL 33068		83				
		84 (City FL 85 Zip Code			
-11. Pursuant to the provisions of Sections 607:05	502 and 607:1508, Florida Statutes, the of Florida, Such change was authori	above-n	named corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered			

agent. 1 at	in lamilial with, and accept the conganons of, occion of	07.0000, 1 101102	Glatatos.			ļ	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	aguired when reinstating)	DATE	i	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		DELETE	1,1 TITLE	•	☐ Change	Addition	
NAME	MERCER, CARL		1.2 NAME				
STREET ADDRESS	981 S.W. 66 AVE.		1.3 STREET ADORESS		1		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP				
TITLE	DST	DELETE	2.1 TITLE		☐ Change	Addition	
NAME	MERCER, DOLORES		2.2 NAME				
STREET ADDRESS	981 SW 66THA VE		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT LADUERDAEL FL		2.4 CITY-ST-ZIP				
TITLE -	<u> </u>	DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME			3.2 NAME	• •			
STREET ADDRESS			3.3 STREET ADDRESS			l	
CITY-ST-ZIP			3.4, CITY-ST-ZIP	74, \$14, \$15 kg			
TITLE		DELETE	4.1 TITLE		Change	☐ Addition	
NAME			4.2 NAME			ļ	
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		_	4.4 CITY-ST-ZIP				
TITLE		DÉLETE	5.1 TITLE		Change	☐ Addition	
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET ADDRESS			1	
CITY: ST: ZIP =>	and the second s		5.4 CITY+ST+ZIP				
TITLE		DELETE	6.1 TITLE		Change?	- Addition	
NAME	·		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: 2

(305) 238-6550