

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 AUG -4 AM 10:33

DOCUMENT # J16024 (8)

1. Corporation Name
PAINTER AIRCRAFT, INC.

Principal Place of Business: 3350 MISSION BAY BLVD. #155 ORLANDO FL 32817 US
 Mailing Address: 2465 SOUTHERN HILLS CT. OVIEDO FL 32765 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1986
 3a. Date of Last Report: 07/18/1994
 4. FEI Number: 59-2673350
 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
 6. This corporation has liability for intangible tax under s. 188.032, Florida Statutes: Yes No

2. Principal Place of Business
 21 2465 Southern Hills Ct
 22 Suits, Apt. #, etc.
 23 OVIEDO FL
 24 32765
 25 US
 26 2465 Southern Hills Ct
 27 Suits, Apt. #, etc.
 28 OVIEDO FL
 29 32765
 30 US

9. Name and Address of Current Registered Agent
 PAINTER, JOHN F.
 2465 SOUTHERN HILLS CT.
 OVIEDO FL 32765

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
FL

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 one if applicable. NOTE: Registered Agent signature required when remaining.

12. OFFICERS AND DIRECTORS
 TITLE: DP
 NAME: PAINTER, JOHN F.
 STREET ADDRESS: 2465 SOUTHERN HILLS CT.
 CITY - ST - ZIP: OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY - ST - ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY - ST - ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY - ST - ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY - ST - ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY - ST - ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY - ST - ZIP

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

SIGNATURE: John F. Painter President 7-30-95 (407)122-4911
 JOHN F. PAINTER

CR2E034 (3/95)