FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

SIGNATURE: 🚄

Aug 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION⁴ Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1**9**98 ` DIVISION OF CORPORATIONS DOCUMENT # J33884 PROFESSIONAL AVIATION, INC. Principal Place of Business Mailing Address 28000 AIRPORT RD 28000 AIRPORT RD **BOX A4 BOX A4** DO NOT WRITE IN THIS SPACE **PUNTA GORDA FL 33982 PUNTA GORDA FL 33982** 3. Date Incorporated or Qualified 09/19/1986 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For Not Applicable 21 59-2738271 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name POLK, JOHN L 141 WEST MARION AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33950** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE **PSTD** 1.1 TITLE BYERS, DAVID M 1.2 NAME NAME 1611 WILDWOOD POB 1601 STREET ADDRESS 1.3 STREET ADDRESS MIDLAND MI CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE ☐ Change TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-\$1-7P 3.4. CITY-\$1-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.9 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP eőőőősesősaap TITLE DELETE 6.1 TITLE Addition -08/20/98--01003--027 NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS ***158.75 6.4 CITY-S7-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 engineers in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED