

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

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J43586 (3)

1. Corporation Name
KNIGHT AVIATION INCORPORATED

Principal Place of Business 7700 S. FLORIDA AVE STE 20 LAKELAND FL 33807-6960	Mailing Address 6700 S. FLORIDA AVE STE 20 P.O. BOX 6960 LAKELAND FL 33807-6960
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2. Principal Place of Business 21 3701 AIRFIELD DR. W. Suite, Apt. #, etc.		2a. Mailing Address 26 P. O. BOX 6960 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/18/1986	3a. Date of Last Report 04/29/1996
22 City & State 23 LAKELAND, FL		27 City & State 28 LAKELAND, FL		4. FEI Number 59-2762569	Applied For Not Applicable
24 Zip 33811		29 Zip 33807-6960		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25 Country US		30 Country US		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KNIGHT, ROBERT C. 148 CHRISTINA BLVD E LAKELAND FL 33813				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

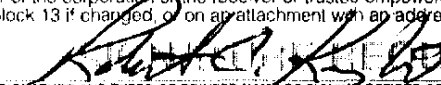
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of 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 _____
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, ROBERT C.	1.2 NAME	
STREET ADDRESS	148 CHRISTINA BLVD E	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	PVS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KNIGHT, ROBERT C.	2.2 NAME	
STREET ADDRESS	148 CHRISTINA BLVD E	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 do 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.

SIGNATURE:  **ROBERT C. KNIGHT** 3-7-97 941-646-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)