

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY - 1 11 14 04

DOCUMENT # **J63822** (7)  
1. Corporation Name  
**SNOWY BUTTE AVIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **375 COMMERCE WAY, STE 101, LONGWOOD FL 32750, US**  
Mailing Address: **PO BOX 520090, LONGWOOD FL 32752-0090, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/16/1987</b>	3a. Date of Last Report <b>04/22/1994</b>
4. FEI Number <b>59-2782543</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State Apt # etc	26 State Apt # etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent  
**ST LAURENT, GEORGES C.  
375 COMMERCE WAY, STE 101  
LONGWOOD 32752**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	
84 State	85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

12.1 NAME	DPY ST LAURENT, GEORGES C. 375 COMMERCE WAY LONGWOOD FL
12.2 NAME	S ST LAURENT, ELEANOR C. 375 COMMERCE WAY LONGWOOD FL
12.3 NAME	
12.4 NAME	
12.5 NAME	
12.6 NAME	
12.7 NAME	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 607.0103, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director.

SIGNATURE: *George C. St. Laurent*  
NATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**George C. St. Laurent**

4/28/95 407-830-7723