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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90159 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J68395**

1. Corporation Name
GENERAL AVIATION CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4411 NE 46TH DRIVE, GAINESVILLE FL 32608, US
 Mailing Address: 4411 NE 46TH DRIVE, GAINESVILLE FL 32608, US

3. Date Incorporated or Qualified: **04/21/1987**
 4. FEI Number: **59-2803760**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 **4411 NE 41ST TELL**, 22 Suite, Apt. #, etc.
 2a. Mailing Address: 26 **4411 NE 41ST TELL**, 27 Suite, Apt. #, etc.
 City & State: 23 **GAINESVILLE FL**, 28 **GAINESVILLE FL**
 Zip: 24 **32609**, 25 **US**, 29 **32609**, 30 **US**

9. Name and Address of Current Registered Agent: **CARPENTER, RONALD A. 5608 NW 43RD STREET GAINESVILLE FL 32653**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, KENNETH P.	
STREET ADDRESS	4411 NE 46TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES T.	
STREET ADDRESS	4411 NE 46TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FULLENWIDER, BRENT	
STREET ADDRESS	4411 NE 46TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VANNORTWICK, W.A. JR.	
STREET ADDRESS	300 INDEPENDENCE SQUARE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Brent Fullenwider* **BRENT FULLENWIDER** 4/20/99 352-373-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)