

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68395

1. Entity Name
GENERAL AVIATION CORP.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90044 011 ***150.00

Principal Place of Business 4451 NE 41 TERR GAINESVILLE FL 32609 US	Mailing Address 4451 NE 41 TERR GAINESVILLE FL 32609-1684 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2803760		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CARPENTER, RONALD A. 5608 NW 43RD STREET GAINESVILLE FL 32653				Name MABM Corporate Services, Inc.			
				Street Address (P.O. Box Number is Not Acceptable) Attention: Barbara C. Johnston			
				One Independent Drive, Suite 3000			
				City Jacksonville		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **Barbara C. Johnston, VP** **March 20, 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, KENNETH P.			NAME			
STREET ADDRESS	4411 NE 46TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, JAMES T.			NAME			
STREET ADDRESS	4411 NE 46TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FULLENWIDER, BRENT			NAME			
STREET ADDRESS	4411 NE 46TH DRIVE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VANNORTWICK, W.A. JR.			NAME	Johnston, Barbara C.		
STREET ADDRESS	300 INDEPENDENCE SQUARE			STREET ADDRESS	One Independent Drive, Suite 3000		
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP	Jacksonville, Florida 32202		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Barbara C. Johnston** **3/20/00** **904-354-2050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)