

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90094 040 ***150.00

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DOCUMENT # J68395

1. Entity Name
GENERAL AVIATION CORP.

Principal Place of Business

Mailing Address

**4451 NE 41 TERR
 GAINESVILLE FL 32609
 US**

**4451 NE 41 TERR
 GAINESVILLE FL 32609
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2803760**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M&M CORPORATE SERVICES INC.
 ATTENTION: BARBARA C. JOHNSTON
 ONE INDEPENDENT DRIVE, SUITE 3000
 JACKSONVILLE FL 32202**

Name **RAX CO.**
 Street Address (P.O. Box Number is Not Acceptable)
c/o BARBARA C. JOHNSTON
50 NORTH LAURA STREET, Suite 3300
 City **JACKSONVILLE** FL Zip Code **32202**

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* Vice President 4-11-01
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:

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	AS	<input type="checkbox"/> Delete
NAME	JOHNSTON, BARBARA C	
STREET ADDRESS	ONE INDEPENDENT DRIVE SUITE 3000	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KENNETH P.	
STREET ADDRESS	4451 NE 41 ST TERR	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES T.	
STREET ADDRESS	4451 NE 41 ST TERR	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLENWIDER, BRENT	
STREET ADDRESS	4451 NE 41 ST TERR	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, BARBARA C.	
STREET ADDRESS	50 NORTH LAURA STREET, Suite 3300	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Brent Fullenwider* **BRENT FULLENWIDER** 4/6/01 352-373-4000
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)