

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J69079 (8)

1. Corporation Name

REILLY AVIATION, INC.



Principal Place of Business

231 N. HOAGLAND BLVD.
KISSIMMEE FL 34741

Mailing Address

231 N. HOAGLAND BLVD.
KISSIMMEE FL 34741

3. Date Incorporated or Qualified
04/22/1987

3a. Date of Last Report
10/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2884978

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRACHTMAN & HENDERSON, P.A.
1990 W. NEW HAVEN AVE.
201
MELBOURNE FL 32904

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

Signature typed or printed name of registered agent and the state of Florida

(NOTE: Registered Agent signature required when name is changed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME REILLY, TOM
STREET ADDRESS 231 N. HOAGLAND BLVD
CITY-STATE-ZIP KISSIMMEE FL ☐ DELETE

TITLE S
NAME MASON, SHARON L.
STREET ADDRESS 231 N. HOAGLAND BLVD
CITY-STATE-ZIP KISSIMMEE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP ☐ Change ☐ Addition

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a voluntary agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)