

FILE NOW: FILING FEE AFTER MAY 1 IS \$220.00

CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J69680 (3)

1. Corporate Name

COMAIR AVIATION ACADEMY, INC.

FILED
May 08 1997 8:00am
Secretary of State

Principal Place of Business

2700 FLIGHT LINE AVENUE
PO BOX 1703
SANFORD FL 32772-1703

Mailing Address

2700 FLIGHT LINE AVENUE
PO BOX 1703
SANFORD FL 32772-1703

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 2700 FLIGHT LINE AVENUE

2a. Mailing Address

26 2700 FLIGHT LINE AVENUE

3. Date Incorporated or Qualified

04/28/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2802660

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

The Prentice Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

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 agree to, 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	ST
NAME	RADEMACHER, RANDY
STREET ADDRESS	26462 FARMLAND
CITY-STATE-ZIP	GUILFORD IN
TITLE	P
NAME	K. Michael Stuart
STREET ADDRESS	8435 Greenleaf Drive
CITY-STATE-ZIP	Cincinnati, OH 45255
TITLE	VP
NAME	Brian L. McDonald
STREET ADDRESS	7475 Valleyview Place Apt 102
CITY-STATE-ZIP	Cincinnati, OH 45244
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

300002184873
-05/20/97--01044--020
***165.00

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 an attachment with an address.

SIGNATURE: Brian L. McDonald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (606) 767-2550