TITLE	ANNUAL	OFIT DRATION L REPORT 996		A CONTROL		Mortham ry of State					
GARRETT AVIATION, INC. Multi-graduates Mult	OCUMI	ENT #	J76571		(5)						
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MINONALE AIRPORT PO BOX 5004 MINONALE FL 33894 2.6. Maining Aschaele 2.7. Submit Airport 3. Descripting of Unified 3. Des		<u></u>									
Principal Place of Business 2a Mulring Address 25 Suite: April 4, etc. 25 Suite: April 4, etc. 27 Suite: April 4, etc. 27 Suite: April 4, etc. 27 Suite: April 4, etc. 28 Suite: April 4, etc. 29	IMMOKALEE A PO BOX 5004	AIRPORT I		P O E	3OX 5004	4					
Principal Pacco of Humans	MMONALEL	FE 33304						 Date Incorporated or Qualifie 06/09/1987 	d 3a. Date)4/03/19	95 95
Suite Apt 4, of 0	Principal Place	of Business			Address			4. FEI Number 59-2825395			
City & State City & State	Suite, Apt. #, e	etc		Suite,	Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
20	City & State				State			· -	 ⁾ П	\$5.00	May Be
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent Street Address (P.O. Etox Number is Not Acceptable)			Cauntry			Country	,	8. This corporation has liability	for intangible ta		
GARRETT, WILLIAM B., JR. IMMOKALEE AIRPORT PO BOX 5004 IMMOKALEE FL 33934 11. Pursuant to the provisions 607 distor and core for for distoration and core for distoration and core for for for distoration and core for for for distoration and core for for distoration and core for for distoration and core for for for distoration and core for		25		1-1) non!	30				Agent	
IMMOKALEE AIRPORT PO BOX 5004 IMMOKALEE FL 33934 1. Pursuant to the provisions of Sections 607,0507 and 607,1508, floods Stabilities, the eleven named corporation submits this statement for the purpose of changing its registered again. For each picture of the object in the State of Floods Syd changing was authorized by the corporations submits this statement for the purpose of changing its registered again. Lam or re		9, Name and	Address of Current F	registered A	Agent	81	Name	10-	······································		
PO BOX 5004 IMMOKALEE FL 33934 84						82	Street Add	tress (P.O. Box Number is Not Acce	otable)		
IMMOKALEE FL 33934 1. Pursuant to the provisions of Sections 607 (950) and 607 1506. Floads Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of floads Sections on Sections 607 (950) and 607 1506. Floads Statutes and above to the corporation's board of directors 1 hersely accept the appointment as registered agent. Lam STATE agent are specified agent, or both, in the State of floads Statutes. 2.			ध			83	1				
In Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes. The above named corporation submits the statement for the purpose of changing its rejected of or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of chockers. Therefore appointment as registered agent. I am create agent the change one of the change of the			34					4			Codo
or registered agent, or both, in the State of Florida Statistics. IGNATURE PST	10,000						1 1				
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GARRETT, WILLIAM B., JR. MMOKALEE AIRPORT / PO BOX 5004 MMOKALEE AIRPORT / PO BOX 5004 MMOKALEE FL	or registered familiar with, SIGNATURE St.	d agent, or both, and accept the guilt we specified or own. PST GARRETI IMMOKLA	officers AND T, WILLIAM B., JR. VEE AIRPORT/P O B	Such Charl 1607.0505. I absertage acc	Piorida Statutes	13. 1 1 THE	er i superficie requi	od green weeting	(ATE	DIRECTO	RS IN 12
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city-5f-26 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 furthe 14. I do hereby 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 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 the property of	or registered familiar with, SIGNATURE 2. ITLE IAME ILREET ADDRESS SITY-ST-ZIP ITLE IAME ISTREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITLE IAME	PST GARRETI IMMOKAL D GARRETI IMMOKAL IMMOKAL	T, WILLIAM B., JR. LEE FL T, WILLIAM B., JR. LEE AIRPORT/P O B. LEE FL T, WILLIAM B., JR. LEE AIRPORT / PO	DIRECTORS	DELETE DELETE DELETE DELETE	13. 1 1 TILLE 12 NAME 13 SIRE 14 COV 2 1 TILL 22 NAME 23 SIRE 24 COV 3 1 TILL 32 NAME 33 SIRE 44 COV 4 1 TILL 42 NAME 43 SIRE 44 COV 5 1 TILL 52 NAME 53 SIRE 54 COV 6 1 TILL 52 NAME 53 SIRE 54 COV 63 SIRE 64 SIRE 65 SIRE 6	E ET ADDRESS STORY OF THE STORY	od green weeting	CIATE OFFICERS AND	Change Change Change	Addition Addition Addition
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