FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -7 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J99119** **(6)**

1. Corporation Name

ABLE AVIATION AND AIR AMBULANCE, INC.

Principal Place of Business	Mailing Address
2982 AVIATAION WAY P.O. BOX 3689 FORT PIERCE FL 34948	2982 AVIATAION WAY P.O. BOX 3689 FORT PIERCE FL 34948

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/22/1987	3a. Date of Last Report: 04/01/1994
4. FEI Number: 65-0019414	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BURDSALL, GARY L.
420 SOPWITH DR.
VERO BEACH FL 32968

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BURDSALL, GARY L	1.2 NAME	
STREET ADDRESS	420 SOPWITH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VER BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP ☑ Change ☐ Addition
NAME	PRICE, ERIC C	2.2 NAME	PRICE, ERIC
STREET ADDRESS	2373 COLLKRIDGE RD	2.3 STREET ADDRESS	8004 WINTER GARDEN PKWY
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	FT. PIERCE, FL. 34951
TITLE	JAMES K. HOEHN (A-VP)	3.1 TITLE	☐ Change ☐ Addition
NAME	ASSISTANT VICE PRESIDENT	3.2 NAME	
STREET ADDRESS	6961 N.W. HARTNEY WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL. 34983	3.4 CITY-ST-ZIP	
TITLE	ASSISTANT VICE PRESIDENT	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHN TIEDEMANN (A-VP)	4.2 NAME	
STREET ADDRESS	7508 ROBERTS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL. 34951	4.4 CITY-ST-ZIP	
TITLE	SECRETARY (S)	5.1 TITLE	☐ Change ☐ Addition
NAME	SUSAN TIEDEMANN	5.2 NAME	
STREET ADDRESS	7508 ROBERTS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE, FL. 34951	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I/We 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)(i), 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: _____ 02-28-95 407.465.0693
SIGNATURE(S) AND TYPED OR PRINTED NAME OF DANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302000 CP