

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 9:49

DOCUMENT # K35089

(7)

1. Corporation Name

WILSON AIRCRAFT, INC.

Principal Place of Business

% EDGAR J. WILSON
11220 NW 23 ST
PEMBROKE PINES FL 33026

Mailing Address

% EDGAR J. WILSON
11220 NW 23 ST
PEMBROKE PINES FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1988

3a. Date of Last Report

01/28/1994

4. FEI Number

65-0101230

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

21

Street, Apt. #, etc.

2a. Mailing Address

26

Street, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILSON, EDGAR J.
11220 NW 23 ST
PEMBROKE PINES FL 33026

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

(Signature of person or persons in place of registered agent and the corporation)

(Signature of the person or persons in place of registered agent and the corporation)

(Date)

12. OFFICERS AND DIRECTORS

12.1	PVS
NAME	WILSON, EDGAR J.
STREET ADDRESS	11220 NW 23 ST
CITY, ST, ZIP	PEMBROKE PINES FL
12.2	ID
NAME	WILSON, EDGAR J.
STREET ADDRESS	11220 NW 23 ST
CITY, ST, ZIP	PEMBROKE PINES FL
12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	☐ Change ☐ Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY, ST, ZIP	
13.5	2.1 TITLE	☐ Change ☐ Addition
13.6	2.2 NAME	
13.7	2.3 STREET ADDRESS	
13.8	2.4 CITY, ST, ZIP	
13.9	3.1 TITLE	☐ Change ☐ Addition
13.10	3.2 NAME	
13.11	3.3 STREET ADDRESS	
13.12	3.4 CITY, ST, ZIP	
13.13	4.1 TITLE	☐ Change ☐ Addition
13.14	4.2 NAME	
13.15	4.3 STREET ADDRESS	
13.16	4.4 CITY, ST, ZIP	
13.17	5.1 TITLE	☐ Change ☐ Addition
13.18	5.2 NAME	
13.19	5.3 STREET ADDRESS	
13.20	5.4 CITY, ST, ZIP	
13.21	6.1 TITLE	☐ Change ☐ Addition
13.22	6.2 NAME	
13.23	6.3 STREET ADDRESS	
13.24	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 its receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, newly added report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-Jan-95

(305)

687-3122