

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K99880

(2)

1. Corporation Name

CMI AVIATION SERVICES, INC.

Principal Place of Business

Mailing Address

1390 MAIN ST.
P.O. BOX 1598
SARASOTA FL 34230-0598
US

1390 MAIN ST.
P.O. BOX 1598
SARASOTA FL 34230-0598
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/05/1989

4. FEI Number

65-0128747

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1830 S. Osprey Ave.

26 P.O. Box 728

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100A

27

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

24 34239

25 USA

29 34230

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCURDY, JEFFREY
1819 MAIN STREET
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 183 S. Osprey Ave.

84 Suite 100A

85 City Sarasota

FL

86 Zip Code

34239

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PT
NAME GRIFFIN, WILLIAM D
STREET ADDRESS 1390 MAIN STREET
CITY-ST-ZIP SARASOTA FL

TITLE D
NAME GRIFFIN, WILLIAM D.
STREET ADDRESS BOX 1558 N/A
CITY-ST-ZIP SARASOTA FL

TITLE VS
NAME MCCURDY, JEFFREY
STREET ADDRESS 1390 MAIN ST.
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP

1830 S. Osprey Ave. Suite 100A
Sarasota, FL 34239

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1830 S. Osprey Ave. Suite 100A
Sarasota, FL 34239

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1830 S. Osprey Ave. Suite 100A
Sarasota, FL 34239

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

3/30/98 (941) 316-6818

CR2E034 (10/97)