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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:27

DOCUMENT # L03132 (2)

1. Corporation Name
LAWARRE AVIATION SERVICES, INC.

Principal Place of Business	Mailing Address
8065 WINDOVER WAY TITUSVILLE FL 32780 US	P. O. BOX 2550 ~~P.O. BOX 1710~~ TITUSVILLE FL 32781 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/14/1989
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): P.O Box 2558
Suite, Apt. #, etc. (27):
City & State (28): Titusville FL
Zip (29): 32781
Country (30): BREVARD

4. FEI Number: 15-0005261 ☐ 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

LAWRRE, NED
8054 WINDOVER WAY
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: NANCY LAWARRE
82 Street Address (P.O. Box Number is Not Acceptable): 8065 WINDOVER WAY
83:
84 City: TITUSVILLE FL 85 Zip Code: 32780

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: Nancy Lawarre (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: Jan. 11-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	LAWARRE, TIMOTHY D.	1.2 NAME		
STREET ADDRESS	8065 WINDOVER WAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	LAWARRE, NED	2.2 NAME		
STREET ADDRESS	8054 WINDOVER WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LAWARRE, ROBERT W. II	3.2 NAME		
STREET ADDRESS	1580 SILK OAK AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LAWARRE, ROBERT S. SR	4.2 NAME		
STREET ADDRESS	585 SHADOW WOOD LN #1	4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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 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)(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: Timothy LaWARRE (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Jan 11-95 (Date) 407-383-4492 (Daytime Phone #)
Tim LaWarre

0416160 FP