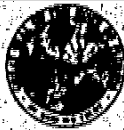


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**
95 MAY -1 PM 8:39
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L42570 (6)

1. Corporation Name

AVIATION MARINE INTERNATIONAL, INC.

Principal Place of Business

**180 LYMAN ROAD
SUITE 120
CASSELBERRY FL 32707
US**

Mailing Address

**180 LYMAN ROAD
SUITE 120
CASSELBERRY FL 32707
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/16/1990

3a. Date of Last Report

06/09/1994

4. FEI Number

59-2984828

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
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**COOMBS, ROBERT J
8206 PAMLICO ST
ORLANDO FL 32817**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD
NAME ADAMS, JON R
STREET ADDRESS 4284 CLOVERLEAF PLACE
CITY - ST - ZIP CASSELBERRY FL**

**TITLE D
NAME ADAMS, TERESA D
STREET ADDRESS 4284 CLOVERLEAF PLACE
CITY - ST - ZIP CASSELBERRY FL**

**TITLE STD
NAME COMBEE, KEVIN C
STREET ADDRESS 1320 FLATWOODS ROAD
CITY - ST - ZIP MIMS FL**

**TITLE CD
NAME COOMBS, ROBERT J
STREET ADDRESS 8206 PAMLICO STREET
CITY - ST - ZIP ORLANDO FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN COMBEE

4/25/95

407-830-4220