

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90078 017 \*\*\*150.00

DOCUMENT # L50720

1. Corporation Name

WPW Aviation, Inc.

Principal Place of Business  
1301 Riverplace Blvd.  
Suite 1301  
Jacksonville, FL 32207

Mailing Address  
1301 Riverplace Blvd.,  
Suite 1301  
Jacksonville, FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/16/1990

2. Principal Place of Business  
21 413 Virginia Drive  
Suite, Apt. #, etc.

2a. Mailing Address  
26 413 Virginia Drive  
Suite, Apt. #, etc.

4. FEI Number  
59-2990024

Applied For  
Not Applicable

22 City & State -  
23 Orlando, Florida

27 City & State  
28 Orlando, Florida

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

24 Zip Country  
32803 USA

29 Zip Country  
32803 USA

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOTOLAW, Inc  
1301 Riverplace Boulevard  
Suite 1301  
Jacksonville, Florida 32207

10. Name and Address of New Registered Agent

81 Name MOTOLAW, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable)  
413 Virginia Drive  
83  
84 City Orlando FL 85 Zip Code 32803

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.

David A. Webster  
Vice President

SIGNATURE *[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

TITLE DP ☐ DELETE  
NAME Webster, David A.  
STREET ADDRESS 1301 Riverplace Blvd., 1301-  
CITY-ST-ZIP Jacksonville, FL 32207

TITLE VST ☐ DELETE  
NAME Webster, Jane R.  
STREET ADDRESS 1501 Highland Road  
CITY-ST-ZIP Winter Park, 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

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 413 Virginia Drive  
1.4 CITY-ST-ZIP Orlando, Florida 32803

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)