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 JAN 17 PM 1:27

DOCUMENT # **L56461** **(1)**

1. Corporation Name

W.H. AIRCRAFT SUPPLIES, INC.

Principal Place of Business	Mailing Address
7908 MEADOWCROFT PL TAMPA FL 33615 US	7908 MEADOWCROFT PL TAMPA FL 33615 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1990	3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-3006631	☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAYS, WALTER F, III
7908 MEADOWCROFT PL
TAMPA FL 33615

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

(If changing Registered Agent, Registered Agent must sign here.) (Date)

12. OFFICER(S) AND DIRECTOR(S)		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	D	41 TITLE	☐ Change ☐ Addition
32 NAME	HAYS, WALTER F. III	42 NAME	
33 STREET ADDRESS	7908 MEADOWCRAFT PL	43 STREET ADDRESS	
34 CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
35 TITLE		45 TITLE	☐ Change ☐ Addition
36 NAME		46 NAME	
37 STREET ADDRESS		47 STREET ADDRESS	
38 CITY ST ZIP		48 CITY ST ZIP	
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
		51 STREET ADDRESS	
		52 CITY ST ZIP	
		53 TITLE	☐ Change ☐ Addition
		54 NAME	
		55 STREET ADDRESS	
		56 CITY ST ZIP	
		57 TITLE	☐ Change ☐ Addition
		58 NAME	
		59 STREET ADDRESS	
		60 CITY ST ZIP	
		61 TITLE	☐ Change ☐ Addition
		62 NAME	
		63 STREET ADDRESS	
		64 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 added by an attachment with an address.

SIGNATURE: Walter F. Hays III WALTER F HAYS III 1/10/95 8138846142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

Fred.

0207703 CP