FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** L69782 (5) MCDERMOTT & ASSOCIATES, AVIATION SPECIALISTS, IN Principal Place of Business Mailing Address 695 TARPON BAY RD., SUITE NO. 4 695 TARPON BAY RD., SUITE NO. 4 SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/02/1990 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0214678 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 奺 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year lotangible Personal Property Tax due June 30. Zip Country Zip Country 24 30 Personal Property Tax due June 30. 25 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCDERMOTT, JOHN 695 TARPON BAY RD., SUITE NO. 4 Street Address (P.O. Box Number is Not Acceptable) SANIBEL ISLAND FL 33957 83 84 City 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ Change Addition TITLE 1.1 TITLE MCDERMOTT, JOHN J. 1.2 NAME NAME 174 SOUTHWINDS DR STREET ADDRESS 1.3 STREET ADDRESS SANIBEL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-71P 2 4 City-St-ZiP ☐ DELETE Change Addition TITLE 31 TITLE

CITY - ST - 21P 14. Thereby certify that the information supplied with this filling 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 recorder or trustee empowered to execute this report as refuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an intachment with pladdless.

3.2 NAME

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

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3.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

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20 APRIL 1996 (94)395

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