

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L78106** (6)
1. Corporation Name
CLOVER AIR CORP.



Principal Place of Business
**C/O GREGORY P. NELSON
1900 OLD DIXIE HWY
FT. PIERCE FL 34946-1497
US**

Mailing Address
**% GREGORY P. NELSON
1900 OLD DIXIE HWY.
FT. PIERCE FL 34946-1497
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1990		3a. Date of Last Report 03/29/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0197020		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**NELSON, GREGORY P.
1900 OLD DIXIE HWY.
FT. PIERCE FL 34946**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 for applicable agent.

(If 13b. Registered Agent's signature required when re-registering, DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	EGAN, BERNARD A.	1.2 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34946	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	NELSON, GREGORY P.	2.2 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34946	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	REED, GLEN W.	3.2 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34946	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(x), 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 617, Florida Statutes, and that my name appears in Block 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Gregory P. Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY P. NELSON

8/15/96

561-465-7555

CR2E034 (3/96)