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

APPROVED AND FILED

95 APR 14 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M08454** **(4)**

1. Corporation Name
MARCO FLITE SERVICES, INC.

Principal Place of Business
C/O WALTER E. CULBRETH, JR.
6280 W. ATLANTIC BLVD.
MARGATE FL 33063

Mailing Address
C/O WALTER E. CULBRETH, JR.
6280 W. ATLANTIC BLVD.
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1984
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21 315 W GTO Tower Rd
22 Suite, Apt. #, etc.
23 City & State: Polk City FL
24 Zip: 33868 25 Country: US

2a. Mailing Address
26 PO Box 625
27 Suite, Apt. #, etc.
28 City & State: Lake Alfred FL
29 Zip: 33850 30 Country: US

4. FEI Number: 74-2340822 — 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

9. Name and Address of Current Registered Agent
CULBRETH, WALTER E., JR.
6280 W. ATLANTIC BLVD.
MARGATE FL 33063

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 315 W GTO Tower Rd
83
84 City: Polk City FL 85 Zip Code: 33868

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 agree to the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Walter E. Culbreth — WALTER E. CULBRETH JR — 4/6/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	CULBRETH, WALTER E., JR.	1.2 NAME	PO Box 625
STREET ADDRESS	6280 W. ATLANTIC BLVD.	1.3 STREET ADDRESS	Lake Alfred
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	FL 33850
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CULBRETH, WALTER E., III	2.2 NAME	
STREET ADDRESS	6280 W. ATLANTIC BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: Walter E. Culbreth — WALTER E. CULBRETH JR — 4/6/95 — 8139563596
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0108300 CP