

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M11194 (1)

1. Corporation Name

DOUBLE C AEROSPACE TRADERS, INC.



Principal Place of Business

POST OFFICE BOX 523451
MIAMI FL 33152

Mailing Address

POST OFFICE BOX 523451
MIAMI FL 33152

3. Date Incorporated or Qualified
02/11/1985

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 PO Box 24448

26 PO Box 24448

4. FEI Number
59-2657261

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 JACKSONVILLE, FL

27 JACKSONVILLE, FL

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

23 ZIP City State
32241-4448 USA

28 ZIP City State
32241-4448 USA

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

RASKIN, STEPHEN L.
6201 SOUTHWEST 70TH STREET
SOUTH MIAMI FL 33143

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

Signature, typed or printed name of registered agent if an individual (if applicable)

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

V HINKLE, CAROL A.
9311 SW 88TH TERR.
MIAMI FL

☐ DELETE

P HINKLE, CLARK C.
9311 SW 88TH TERR.
MIAMI FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

V HINKLE, CAROL A.
10383 SPOTTED FAWN LANE
JACKSONVILLE, FL 32257

☒ Change ☐ Addition

P HINKLE, CLARK C.
10383 SPOTTED FAWN LANE
JACKSONVILLE, FL 32257

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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 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.

SIGNATURE:

Stephen L. Raskin
STEPHEN L. RASKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

Date

Daytime Phone #

CR2E034 (12/95)