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.) FLORIDA DEPARTMENT OF STATE Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (9)**DOCUMENT #** M26139 HIGHSMITH AIR, INC. Mailing Address Principal Place of Business 401 W MINSTER ST 401 WESTMINISTER STREET ORLANDO FL 32803 P.O.BOX 617260 3a. Date of Last Report 3. Date incorporated or Qualified OHLANDO FL 32803 04/25/1995 01/21/1986 Applied For 4. FEI Number West minster St. 26 P.O. Box 54 7102 2. Principal Place of Business Not Applicable 59-2629145 401 \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc \$5.00 May Be 22 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 190 032 Yes No Florida Statutes 30 10. Name and Address of New Registered Agent 25 Name and Address of current Registered Agent 81 Name HIGHSMITH, EDWIN G. Street Address (P.O. Box Number is Not Acceptable) **B2** 5936 FOREST GROVE BLVD. ORLANDO FL 32808 83 85 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and tide if apposable (96/E)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1.110 CR2E034 DP TITLE 1.2 NAME HIGHSMITH, EDWIN G. NAME EET ADDRESS 135 5936 FOREST GROVE BLVD. STREET ADDRESS -S1-ZIP ORLANDO FL Chang€ Addition CITY-ST-ZIP DELETE 217 TITLE 221 NAME ET ADDRESS 23 STREET ADDRESS -ST-71P Change Addition CITY-ST-ZIP DELETE 31 TITLE 32 NAME 33 ET ADDRESS STREET ADDRESS 3.4 · ST - 2IP Change Addition CITY-ST-ZIP DELETE 41 TITLE NAME 1 ADDRESS STREET ADDRESS ST-ZIP Change Addition CITY - ST - ZIP DELETE 5.1 TITLE 52 -1 ADDRESS 53 STREET ADDRESS 54 ST-ZIP Change Addition CITY - ST - ZIP DELETE TITLE 62 NAME T ADDRESS STREET ADDRESS I does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I report is true and accurate and that my signature shall have the same legal effect as if tee empowered to execute this report as required by Chapler 617, Florida Statutes, and 14. I do hereby certify that the information supplied with this fling is voluntarily furnished a further certify that the information indicated on this annual report or supplementation made under oath; that I am an officer or director of the corporation or the receiver or treatment of the corporation of the receiver or the treatment of the corporation of the receiver or treatment of the corporation of the receiver or the corporation of the receiver or the corporation of the receiver or the corporation of the corporation of the receiver or the corporation of that my name appears in Block

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