FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:17

DOCUMENT # **N94000002715 (0)**

1. Corporation Name

OSCEOLA AVIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
200 13TH STREET ST. CLOUD FL 34769	200 13TH STREET ST. CLOUD FL 34769

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report:
4. FEI Number: ☐ Applied For ☑ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3481 WOODLEY PARK PLACE	26 3481 WOODLEY PARK PLACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OVIEDO, FL	28 City & State: OVIEDO, FL
24 Zip: 32765 25 Country: USA	29 Zip: 32765 30 Country: USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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
RAYNOR, BRUCE 200 13TH STREET ST. CLOUD FL 34769	81 Name: MICHAEL RAMPUTI 82 Street Address (P.O. Box Number is Not Acceptable): 3481 WOODLEY PARK PL 83 84 City: OVIEDO, FL 85 Zip Code: 32765

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 ▶ Michael Ramputi — April 26, 1995
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		11 TITLE	D	☑ Change ☐ Addition
NAME		12 NAME	MICHAEL RAMPUTI	
STREET ADDRESS		13 STREET ADDRESS	3481 WOODLEY PARK PLACE	
CITY ST ZIP		14 CITY ST ZIP	OVIEDO, FL 32765	
TITLE		21 TITLE	D	☑ Change ☐ Addition
NAME		22 NAME	BRUCE RAYNOR	
STREET ADDRESS		23 STREET ADDRESS	200 13TH ST.	
CITY ST ZIP		24 CITY ST ZIP	ST. CLOUD, FL 34769	
TITLE		31 TITLE	~~J.H. KELLER~~ D	☑ Change ☐ Addition
NAME		32 NAME	J.H. KELLER	
STREET ADDRESS		33 STREET ADDRESS	PO BOX 320235 N/A	
CITY ST ZIP		34 CITY ST ZIP	COCOA BEACH, FL 32932	
TITLE		41 TITLE	D	☑ Change ☐ Addition
NAME		42 NAME	RENE COUTURE	
STREET ADDRESS		43 STREET ADDRESS	1720 KINGS HGWY	
CITY ST ZIP		44 CITY ST ZIP	KISSIMMEE, FL 34744	
TITLE		51 TITLE	D	☑ Change ☐ Addition
NAME		52 NAME	ROBERT HUSBAND	
STREET ADDRESS		53 STREET ADDRESS	1740 KINGS HGWY	
CITY ST ZIP		54 CITY ST ZIP	KISSIMMEE, FL 34744	
TITLE		61 TITLE	D	☑ Change ☐ Addition
NAME		62 NAME	CHET HARWOOD	
STREET ADDRESS		63 STREET ADDRESS	2378 EAGLE TRACE DR.	
CITY ST ZIP		64 CITY ST ZIP	KISSIMMEE, FL 34746	

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)(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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Ramputi — April 26, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000350