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Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002715**

1. Corporation Name
Osceola Aviation, Inc.

Principal Place of Business Mailing Address

**1410 N. ROSS AVE
KISSIMMEE FL 34744** **SAME**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified **June 1, 1994** 3a. Date of Last Report **1996**

4. FET Number **N/A** 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

**MICHAEL RAMPUTI
3481 WOODLEY PARK PLACE
OVIDO, FL 32765**

10. Name and Address of New Registered Agent

81 Name **Robert D. Husband**

82 Street Address (P.O. Box Number is Not Acceptable) **1410 N. ROSS AVE**

83

84 City **Kissimmee** FL 85 Zip Code **34744**

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 **Robert D. Husband** DATE **6/24/97**

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **MICHAEL RAMPUTI**

STREET ADDRESS **3481 WOODLEY PARK PLACE**

CITY-ST-ZIP **OVIDO, FL 32765**

TITLE ☒ DELETE

NAME **BRUCE RAYMOND**

STREET ADDRESS **200 13TH ST.**

CITY-ST-ZIP **ST. CLOUD, FL 34769**

TITLE ☒ DELETE

NAME **CHET HARDWOOD**

STREET ADDRESS **2378 EAGLE TRACE DRIVE**

CITY-ST-ZIP **KISSIMMEE, FL 34746**

TITLE ☐ DELETE

NAME **Robert Husband**

STREET ADDRESS **1410 N. ROSS AVE.**

CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ DELETE

NAME **Rene A. Couture**

STREET ADDRESS **1720 Kings Hwy**

CITY-ST-ZIP **Kissimmee FL 34744**

TITLE ☐ DELETE

NAME **J. H. Keller**

STREET ADDRESS **361 E. Main St**

CITY-ST-ZIP **Doughvoyn IL 62832**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition **DIRECTOR**

1.2 NAME **Timothy Mehrlich**

1.3 STREET ADDRESS **145 Westmoreland Cir**

1.4 CITY-ST-ZIP **Kissimmee FL 34744**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Robert D. Husband** **6/24/97, (407)846-7996**

CR2E034 (9/96)