

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90099 009 \*\*\*150.00

DOCUMENT # P00000 110360

1. Entity Name

TCC Aviation, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1008 LORING AVENUE

3. Mailing Address  
1008 LORING AVENUE

Suite, Apt. #, etc.  
SUITE 29

Suite, Apt. #, etc.  
SUITE 29

DO NOT WRITE IN THIS SPACE

City & State  
ORANGE PARK, FL

City & State  
ORANGE PARK, FL

4. FEI Number  
59-368 6489

Applied For  
Not Applicable

Zip  
32073

Country  
USA

Zip  
32073

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ARNOLD H. SLOTT

Street Address (P.O. Box Number is Not Acceptable)  
SLOTT + BARKER

334 EAST DUVAL STREET

City JACKSONVILLE FL Zip Code 32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Kevin Kenney*

KEVIN KENNEY, DIRECTOR

4/19/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE DIRECTOR  
NAME KEVIN KENNEY  
STREET ADDRESS 1644 MISTY LAKE DRIVE  
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR  
NAME EYDIE JOE KENNEY  
STREET ADDRESS 1644 MISTY LAKE DRIVE  
CITY-ST-ZIP ORANGE PARK, FL 32003

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

13. I 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin Kenney* DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

904-215-9995

Daytime Phone #

CR2E034B (12/01)