

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90201 001 ***150.00

DOCUMENT # P04000000430

1. Entity Name

AVIONICS SERVICES OF SARASOTA, INC.



Principal Place of Business

1234 CLYDE JONES RD
SARASOTA FL 34243

Mailing Address

PO BOX 646
TALLEVAST FL 34270

2. Principal Place of Business

3. Mailing Address

120 W. Airport Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice Florida

Zip

Country

Zip

Country

34285

4. FEI Number

20-0429664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRYAR, KIRK W
649 SKYLARK LANE
PORT CHARLOTTE FL 33952

Name

Fryar, Kirk W

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

120 W. Airport Avenue

City

Venice

FL

Zip Code

34285

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kirk W. Fryar

2-19-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME FRYAR, KIRK W
STREET ADDRESS 649 SKYLARK LANE
CITY-ST-ZIP PORT CHARLOTTE FL 34285

TITLE D ☒ Change ☐ Addition
NAME Kirk W. Fryar
STREET ADDRESS 120 W. Airport Avenue
CITY-ST-ZIP Venice, Florida 34285

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kirk W. Fryar

2-28-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #