

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P31266

(0)

1. Corporation Name

AIR PARTS OF LOCK HAVEN, INC.



Principal Place of Business

Mailing Address

2604B PIPER DRIVE
VERO BEACH FL 32960
US

2604B PIPER DR. P.O. BOX 2765
VERO BEACH FL 32960-32961-2765
US

3. Date Incorporated or Qualified
10/08/1990

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 P.O. BOX 2765

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 32961-2765 USA

4. FEI Number

23-2466682

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

10. Name and Address of New Registered Agent

TRENT, SHARON
30 N. GROVE ST.
SUITE A
MERRITT ISLAND FL 32952

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CPD
PRICE, SAM J
3830 PARAPET
COCOA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
GRAY, RICHARD
1104 WORTHINGTON ST.
SPRINGFIELD MA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTD
LARSEN, ROBERT
445 W. CHURCH ST.
LOCK HAVEN PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
LARSEN, CECILIA
445 W. CHURCH ST.
LOCK HAVEN PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95 407 770 6350
Day Daytime Phone #

CR2E034 (12/95)