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Feb 22, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31266

1. Corporation Name

AIR PARTS OF LOCK HAVEN, INC.

Principal Place of Business

HANGAR 3  
PIPER AIRPORT  
LOCK HAVEN PA 17745  
US

Mailing Address

P.O. BOX 418  
LOCK HAVEN FL 17745  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1990

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 2965

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

VERO BEACH FLORIDA  
32961 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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 CPD ☐ DELETE

NAME PRICE JR, SAM  
STREET ADDRESS 1676 STONECROP ST.  
CITY-ST-ZIP SABASTIAN FL 32958

TITLE VD ☐ DELETE

NAME GRAY, RICHARD  
STREET ADDRESS 1104 WORTHINGTON ST.  
CITY-ST-ZIP SPRINGFIELD MA

TITLE VTD ☐ DELETE

NAME LARSEN, ROBERT  
STREET ADDRESS 445 W. CHURCH ST.  
CITY-ST-ZIP LOCK HAVEN PA

TITLE S ☐ DELETE

NAME LARSEN, CECILIA  
STREET ADDRESS 445 W. CHURCH ST.  
CITY-ST-ZIP LOCK HAVEN PA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99 561-770-6350

CR2E034 (1/98)