SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000002564 (2)**

1. Corporation Name
HAMILTON AVIATION, INC.

Principal Place of Business	Mailing Address
4486 LUKE AVE DESTIN FL 32541 US	4486 LUKE AVE DESTIN FL 32541 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1992
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business: Destin Airport
26 2a. Mailing Address: 2040 Shoreline Loop
4. FEI Number: 59-3152762 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.: Apt 139
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State: Destin FL
28 City & State: SAN RAMON CA
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip: 32541
25 Country: US
29 Zip: 94583
30 Country: US
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SLOAN, TIMOTHY J
427 MCKENZIE AVE.
PANAMA CITY FL 32401

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 _____ (Typed or printed name of registered agent and title if applicable) (Both Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition: P
NAME	HAMILTON, DAVID B.	12 NAME	HAMILTON, DAVID B.
STREET ADDRESS	4486 LUKE AVE	13 STREET ADDRESS	2040 Shoreline Loop #139
CITY ST ZIP	DESTIN FL	14 CITY ST ZIP	SAN RAMON, CA 94583
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: [signature] DAVID HAMILTON 7/12/95 (510)901-9188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120051 CP