

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000004345 (4)

1. Corporation Name

CENTRAL FLORIDA AVIATION, INC.



Principal Place of Business

Mailing Address

126 HIGHWAY 60 WEST
LAKE WALES FL 33853

P.O. BOX 840
LAKE WALES FL 3385
US

3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-3152385

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

HARRELL, VERN O
126 HIGHWAY 60 WEST
LAKE WALES FL 33853

81 Name
RONALD C. JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)
122 E. TILLMAN AVE.

83

84 City

LAKE WALES

FL

85 Zip Code

33853

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]

(NOTE: Registered Agent's signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HARRELL, VERN O
STREET ADDRESS 126 HIGHWAY 60 WEST
CITY-ST-ZIP LAKE WALES FL
☒ DELETE

TITLE VPD
NAME JAHNA, EMIL R
STREET ADDRESS P.O. BOX 840 NA
CITY-ST-ZIP LAKE WALES FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

PD
JAHNA, EMIL R
P.O. BOX 840/122 E. TILLMAN AVE.
LAKE WALES, FL 33859-0840
☒ Change ☐ Addition

VPD
JAHNA, JAMES A
P.O. BOX 840 / 122 E TILLMAN AVE.
LAKE WALES, FL 33859-0840
☐ Change ☒ Addition

ST
JOHNSON, RONALD C.
P.O. BOX 840 / 122 E. TILLMAN AVE.
LAKE WALES, FL 33859-0840
☐ Change ☒ Addition

100001886161

-07/08/96-01045-005
***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96

(94) 896-9431

Date

Daytime Phone #

CR2E034 (3/96)