

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

FILED
Jun 04 1997 8:00am
Secretary of State

DOCUMENT # P92000004345 (4)

1. Corporation Name
CENTRAL FLORIDA AVIATION, INC.

Principal Place of Business

**126 HIGHWAY 80 WEST
LAKE WALES FL 33853**

Mailing Address

**P.O. BOX 840
LAKE WALES FL 33859-0840
US**



3. Date Incorporated or Qualified

11/02/1992

3a. Date of Last Report

07/08/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 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

**JOHNSON, RONALD C
122 E. TILLMAN AVE.
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81 Name **VERN HARRELL**

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

83 **LAKE WALES**

84 City

**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 607.0508, Florida Statutes.

SIGNATURE **VERN HARRELL, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

3/31/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **JAHNA, EMIL R**
STREET ADDRESS **122 E. TILLMAN AVE.**
CITY-ST-ZIP **LAKE WALES FL 33859-0840**

TITLE **VPD** ☒ DELETE
NAME **JAHNA, JAMES A**
STREET ADDRESS **122 E. TILLMAN AVE.**
CITY-ST-ZIP **LAKE WALES FL 33859-0840**

TITLE **ST** ☒ DELETE
NAME **JOHNSON, RONALD C**
STREET ADDRESS **122 E. TILLMAN AVE.**
CITY-ST-ZIP **LAKE WALES FL 33859-0840**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **VP** ☒ Change ☐ Addition
1.2 NAME **JAHNA, EMIL R**
1.3 STREET ADDRESS **122 E. TILLMAN AVE**
1.4 CITY-ST-ZIP **LAKE WALES, FL 33853**

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

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

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

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

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

14. I do 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.

SIGNATURE: **VERN HARRELL, PRESIDENT**

CR2E034 (9/96)