FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -2 PM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P92000005047 (5)**

1. Corporation Name
CHAW AERO REALTY CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12291 TOWNE LAKE DR. FT. MYERS FL 33913 US	12291 TOWN LAKE DRIVE FT. MYERS FL 33913 US

3. Date Incorporated or Qualified: **11/16/1992**
3a. Date of Last Report: **07/26/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0371031** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
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
D'ADDIV, LORNA HUSSON 12291 TOWNE LAKE DR. FT. MYERS FL 33913	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. 2031 Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SHAW, JAMES R	12 NAME	
STREET ADDRESS	~~131 CYPRESS VIEW DR.~~	13 STREET ADDRESS	563 Eagle Creek Drive
CITY ST ZIP	NAPLES FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GILLILAND, GEORGE S	22 NAME	
STREET ADDRESS	24881 GOLDCREST DR.	23 STREET ADDRESS	
CITY ST ZIP	BONITA SPGS. FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SHAW, FRANCIA	32 NAME	
STREET ADDRESS	~~131 CYPRESS VIEW DR.~~	33 STREET ADDRESS	563 Eagle Creek Drive
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	O'HARA, NANCY S	42 NAME	
STREET ADDRESS	~~79 EMERALD WOODS DR., STE. J-8~~	43 STREET ADDRESS	1619 Nottingham Drive
CITY ST ZIP	NAPLES FL	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	

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: George S. Gilliland 4/13/95 813 768 5844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #
GEORGE S GILLILAND

033310 CP