# 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 -1 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P93000015646 (1)**

1. Corporation Name
**AVIATION HERITAGE, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 892 HIGHWAY 98 EAST<br>SUITE 107<br>DESTIN FL 32541 | P.O. BOX 665<br>DESTIN FL 32540 |

3. Date Incorporated or Qualified: 02/23/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 
2a. Mailing Address (26): 

Suite, Apt. #, etc. (22): 
Suite, Apt. #, etc. (27): 

City & State (23): 
City & State (28): 

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 59-3169341 ☐ 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**

ABEL, ALAN
3655 HWY 98 EAST
303B
DESTIN FL 32541

**10. Name and Address of New Registered Agent**

01 Name: ABEL, ALAN
02 Street Address (P.O. Box Number is Not Acceptable): 166 LOLA CIRCLE
03: #
04 City: DESTIN FL 05 Zip Code: 32541

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: Alan Abel ALAN ABEL 4-28-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | PRESIDENT ☑ Change ☐ Addition |
| NAME | ABEL, ALAN | 12 NAME | ABEL, ALAN |
| STREET ADDRESS | 3655 HWY 98 E., 303B | 13 STREET ADDRESS | 166 LOLA CIRCLE |
| CITY ST ZIP | DESTIN FL 32541 | 14 CITY ST ZIP | DESTIN FL 32541 |
| TITLE | ST | 21 TITLE | ST ☑ Change ☐ Addition |
| NAME | ABEL, DRINA | 22 NAME | ABEL, DRINA |
| STREET ADDRESS | P.O. BOX 665 N/A | 23 STREET ADDRESS | 166 LOLA CIRCLE |
| CITY ST ZIP | DESTIN FL 32540 | 24 CITY ST ZIP | DESTIN FL 32541 |
| 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 | |

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 added above or on an attachment with an address.

**SIGNATURE:** Alan Abel ALAN ABEL 4-28-95 904-654-4696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0390515 CP