

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000019108 (8)

1. Corporation Name

SACO AVIATION SERVICES INC.



Principal Place of Business

2067 S.E. AIR-CADIA WAY
ARCADIA FL 33821
US

Mailing Address

2067 S.E. AIR-CADIA WAY
ARCADIA FL 33821
US

3. Date Incorporated or Qualified
03/08/1993

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 1545 SR 64 West

Suite, Apt. #, etc.

22

City & State

23 Avon Park, FL

Zip

24 33825

Country

25 USA

2a. Mailing Address

26 1545 SR 64 West

Suite, Apt. #, etc.

27

City & State

28 Avon Park, FL

Zip

29 33825

Country

30 USA

4. FEI Number

65-0413888

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

SCHMIDTMAN, DAVID
ARCADIA MUNICIPAL AIRPORT
2067 S.E. AIR-CADIA WAY
ARCADIA FL 33821

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1545 SR 64 West

83

84

City
Avon Park

FL

85

Zip Code
33825

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, typed or printed name of registered agent and other applicable:

(Note: Registered Agent Signature required when record change)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
SCHMIDTMAN, DAVID
709 N. TURNER, APT/ A-7
ARCADIA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP
FADDEN, JOE
2210 S. FRONT ST., STE #104
MELBOURNE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
FADDEN, JOE
2210 S. FRONT ST., STE #104
MELBOURNE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
SCHMIDTMAN, DAVID
709 N. TURNER, APT. A-7
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☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
Schmidtman, David
1189 S.E. Ninth Avenue
Arcadia, FL 33821

☒ Change ☐ Addition

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP
Potts, Carrie
1189 S.E. Ninth Avenue
Arcadia, FL 33821

☐ Change ☒ Addition

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
Potts, Carrie
1189 S.E. Ninth Avenue
Arcadia, FL 33821

☐ Change ☒ Addition

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
Schmidtman, David
1189 S.E. Ninth Avenue
Arcadia, FL 33821

☒ Change ☐ Addition

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

7. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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8. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

12. TITLE NAME STREET ADDRESS CITY-ST-ZIP

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18. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

19. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

20. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

21. TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

SIGNATURE:

Carrie A. Potts

Carrie A. Potts

02/22/96

(941)993-0375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)