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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

## DOCUMENT # P93000019556 (8)

WINGHAM AVIATION, INC.

Principal Place of Business Mailing Address  116 ALBA STREET E 116 ALBA STREET EAST VENICE FL 34285 VENICE FL 34285-3801 US US										
							3. Date Incorporated or Qualified 03/08/1993		ate of Last 6 07/1996	Report
2. Principal P	lace of Business	2a. Mailing Address 26					4. FEI Number 59-3170462	-	h	applied For lot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc	<del>  -   -   -   -   -   -   -   -   -   -</del>				5. Certificate of Status Desired			Additional Required
City & State	e	Cily & State				Election Campaign Financing     Trust Fund Contribution			May Be	
Ζιρ <b>24</b>	Country 25	30	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
<del> </del>	9. Name and Address of Currer	t Registered Agent		ļ,			10. Name and Address of New Re	gistered	Agent	
	NE, STEPHEN K			81	Nar	ne				
1001 AVENIDA DEL CIRCO VENICE FL 34285				82	Stre	et Addre	dress (P.O. Box Number is Not Acceptable)			
				83						
				84	City	, <u> </u>		FL	<b>85</b> Zip	Code
Office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was	s authorize	d by	the o	ed corpo corporation	oration submits this statement for the pon's board of directors. I hereby accept	urpose o	f changing i cointment as	its registered s registered
SIGNATURE	·									
12.	Signar reil rysict or printed narror or regioneed ago OFFICERS ANI			d Age	nt signa	ature require	d when reinstating)	DATE	DIDECTO	55.00.45
TITLE	PSTD	DELETE	13.	TI E			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	RS IN 12
NAME	WINGHAM, JONATHAN V	<u></u>	1.2 N						L Onlings	☐ ∧ooiiioii
STREET ADORESS	1001 AVENIDA DEL CIRCO				ADDRE					
CITY - ST - ZIP	VENICE FL 34285			ineci ITY-S'		35				
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NAME			22 N			ŀ			Cildings	
STREET ADDRESS			- 1		ADDRE:	22				
CITY - S1 - ZHP					ST-ZIP					
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NAME			32 N	AME						
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CITY - ST - ZIP			34 0	iTY · S	I - ZIP					
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NAME			4 2 N	IAME						
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STREET ADDRESS			535	TREET	ADDRE	ss				
CITY-ST-ZIP			1	TY - \$1						
TITLE		☐ DELETE	61TI						Change	Addition
NAME			6 2 N	AME					-	
STREET ADDRESS					ADDRE	ss				
CITY-ST-ZIP				TY . \$1						

SIGNATURE:

PRESIDENT JONATHAN WINGHAM

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 chapter, or on an attachment with an address.

**FILED** 

Jan 14 1997 8:00am

Secretary of State