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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P93000028503 (9) DOCUMENT #

D & S AVIATION AND MACHINE, INC.

Principal Place of Business Mailing Address 435 B2 AIRPARK ROAD P.O. BOX 936 EDGEWATER FL 32132 **EDGEWATER FL 32132** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/01/1993 09/25/1995 4, FEI Number Principal Place of Business 2a. Mailing Address Applied For 59-3185291 P.O. Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country 💆 Yes 🔲 No 25 30 Florida Statutes 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name LOVE, WILLIAM D 82 Street Addre 435 B2 AIRPARK ROAD 83 **EDGEWATER FL 32132** Zip Code 32/24 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named controlling 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 the corporation of th Magre 1 hearmans OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1. 1 TITLE Change Addition TITLE President LOVE, WILLIAM D 1.2 NAME Thomas E. NAME 1751 AIRPARK RD 1.3 STREET ADDRESS STREET ADDRESS **EDGEWATER FL 32132** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-Z/P Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4. 1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 2IP CITY-ST-ZIP DELF IE Addition ☐ Change 5 111116 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition 6. 1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-7/P

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)(k), 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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

appears in Block 12 or Block 13 if chariged, Thomas E. Moore Arraident YPER ON PRINTED NAME OF SIGNI

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