SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.!
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000052494 (0)

1. Corporation Name

ATLANTIC-GULFSTREAM AVIATION, INC.

Principal Place of Business	Mailing Address
309 SECOND ST. LAGRANDE OR 97850	7255 SUNSET DR. MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1993**

3a. Date of Last Report: **08/18/1994**

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 | Suite, Apt. #, etc. — 27

City & State — 23 | City & State — 28

24 | 25 | 29 | 30

4. FEI Number: **59-2068216** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has solely for exemption tax under s. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALLAWAY, MARY M
1600 N. PALAFOX ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 [illegible] (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 [illegible] DATE

12. OFFICERS AND DIRECTORS	13.	
TITLE D NAME HANAN, ROY T STREET ADDRESS 309 SECOND ST. CITY-ST-ZIP LAGRANDE OR 97850	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE P NAME HANAN, SARA F STREET ADDRESS 7255 SUNSET DR. CITY-ST-ZIP MIAMI FL 33143	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I [illegible] hereby certify that the information supplied with this filing is [illegible] 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 report or supplemental attached 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 above, or on an attachment with an address.

SIGNATURE: Sara F Hanan 1 June 95 305-661-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (3/95)

0047895 CP