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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Jan 23 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P93000059768 (0) DOCUMENT

CANNON AVIATION, INC.

Principal Place of Business Mailing Address 2885 GREENBROOKE ST 710 SPRING LAKE DRIVE VALKARIA FL 32950 MELBOURNE FL 32940 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/23/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3203268 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the carrent year Intangible Yes 25 30 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CANNON, MARK 710 SPRING LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) **MELBOURNE FL 32940** 83 Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTSD ☐ DELETE Addition TITLE 1.1 TITLE Change CANNON, MARK NAME 1.2 NAME 710 SPRING LAKE DRIVE STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY - ST - ZIF 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change noitibhA [TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 supplier sental agricular export 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 environment of the receiver of of th

MARK E. CAMMON, PRESIDENT 4071724-8671

SIGNATURE: