May 10, 1999 8:00 am Secretary of State

05-10-1999 90034 001 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000062578

1. Corporation Name

CAMERON AIRCRAFT INC

CAIVIENC	M AIDONALL, INC.						
Principal Place	e of Business	Mailing Address				/BIIO BIIIO 11061 BIIII I	10001 Idis iads
9320 WEATHERLY RD BROOKSVILLE FL 34601		9320 WEATHERLY RD BROOKSVILLE FL 34601			DO NOT WRITE IN T	THIS SDACE	
US US					Date Incorporated or Qualifed	HIS SPACE	
					09/01/1993		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			<b>59-</b> 3210 <u>5</u> 36	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			o. Contracted of Contract	Fee Re	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25		30		Personal Property Tax.		. <mark>⊡N</mark> o
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registe	red Agent	
CAM	ERON, DANNY L		"	Name			
9320 WEATHERLY RD			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
#60	TO THE THE		83				
	OKSVILLE FL 34601		83				
Drio	ONOVIELE TE STOST		84	City		FL 85 Zip (	Code
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au	uthorized by	the corporal	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its ppointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ager	nt signature requi	ired when reinstating) DAT		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	CAMERON, DANNY L		1.2 NAME				
STREET ADDRESS	9320 WEATHERLY RD		1.3 STREE	T ADDRESS			
City-St-ZiP	BROOKSVILLE FL		1,4 CITY-S	T-ZIP		Change	☐ Addition
TITLE	5		2.1 TITLE			Change	∐ Addraon
NAME	CAMERON, EDNA MAE		2.2 NAME -				
STREET ADDRESS	9320 WEATHERLY RD		2.3 STREET	TADORESS			
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-5	T-ZIP			Addition
TITLE			3.1 TITLE			Change	☐ Addition
NAME	CAMERON, DANNY JR.		3.2 NAME				
STREET ADDRESS	3614 #9 PRAIRIE FOX LANE		3.3 STREE	}			
CITY-ST-ZIP	ORLANDO FL 32812	Doruge	3.4. CITY-S	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			[_] Ondingo	
NAME			4 2 NAME		· .		
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP		[] Change	[ ] Addition
TITLE		C) DELETE	5.1 TITLE 5.2 NAME			[_] Onlinge	i
NAME				TADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-ZIP		[☐ Change	Addition
TITLE		C nere ie	6.2 NAME	)		ogo	
NAME				T ADDRESS			
STREET ADDRESS			0.0 0 INCE	.,			

14. I 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR