

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM11:22

DOCUMENT # P93000070571 (3)

1. Corporation Name

DYNAMIC WING COMPANY

Principal Place of Business
**1425 GENERAL AVIATION DR.
MELBOURNE FL 32905**

Mailing Address
**1425 GENERAL AVIATION DR.
MELBOURNE FL 32905**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/05/1993** 3a. Date of Last Report **02/07/1994**

4. FEI Number **59-3205636** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

**BOYD, JOEL E
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name **BOYD, JOEL E.**
82 Street Address (P.O. Box Number is Not Acceptable) **100 Rialto Place, Suite 510**
83
84 City **Melbourne** FL 85 Zip Code **32901**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **SHAW, GEORGE A**
STREET ADDRESS **110 MARGARITA RD.**
CITY - ST - ZIP **S. MELBOURNE BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE **D/V/T/S** ☐ Change ☒ Addition
22 NAME **Shaw, Dale R.**
23 STREET ADDRESS **615 Franklyn Ave**
24 CITY - ST - ZIP **Indialantic, FL 32903** ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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)(b), 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 recorder 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.

SIGNATURE:

Dale R. Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR

1/11/95

Date

(407)253-1975

Telephone Number