

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000000496 (7)

1. Corporation Name

AVIATION ADVISORS OF SARASOTA, INC.

Principal Place of Business

724 TROPICAL CIRCLE
SARASOTA FL 34242

Mailing Address

724 TROPICAL CIRCLE
SARASOTA FL 34242

FILED

95 AUG -3 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/03/1994

3a. Date of Last Report

4. FEI Number
65-0457628

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

SHEPARD, ROBERT
724 TROPICAL CIRCLE
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHEPARD, ROBERT
724 TROPICAL CIRCLE
SARASOTA FL 34242

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
President
Robert C. Dalby
1241 Clyde Jones Dr.
Sarasota, FL 34243
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 register or to whom 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 addition.

SIGNATURE:

NOTARIAL PUBLIC'S PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

2-9-95

813-351-5400

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$200.00

**ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$200.00.

- Block 1.** Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.
- Block 2.** Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.
- Block 2a.** If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.
- Block 3.** Enter the date of incorporation or qualification with this office if Block 3 is blank.
- Block 3a.** Enter the file date of the last filed annual report, if applicable.
- Block 4.** Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking in the appropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistance with FEI numbers, call IRS at 1-800-829-1040.
- Block 5.** Should you desire a certificate reflecting your corporation's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee.
- Block 6.** Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 6.
- Block 8.** Check the appropriate box. Please direct all intangible tax questions to the Dept. of Revenue by calling 1-800-352-3671.
- Block 9.** The law requires that each corporation have a Registered Agent with a Florida street address. If the computer entry in Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee to change the Registered Agent on this form.
- Block 10.** Enter name of new Registered Agent and/or new address. This must be a **Florida Street address**. A P.O. Box or mail service is **NOT** acceptable for service of process. **THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT** but an officer or director can.
- Block 11.** The new registered agent must indicate familiarity with section 607.0505, Florida Statutes, and acceptance of these obligations and this appointment by completing and signing in Block 11. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different corporation, the person signing must state their position with the corporation. **NOTE:** Registered agent signature required when reinstating on this form.
- Block 12.** Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.
- Block 13.** Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director*. If a person holds more than one position, enter all positions, e.g., *S/D; V/S; V/T/D*. **NOTE:** A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. **NOTE:** If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".
- Block 14.** This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.