

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000006313 (8)

1. Corporation Name

ECLIPSE PARACHUTE SALES & SERVICE, INC.



Principal Place of Business

5037 GALL BLVD.
ZEPHYRHILLS FL 33541

Mailing Address

5037 GALL BLVD.
ZEPHYRHILLS FL 33541

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THOMAS, DEREK
5037 GALL BLVD.
ZEPHYRHILLS FL 33541

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

10/09/1995

4. FEI Number

59-3222605

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

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 607.0507 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 of person authorized to sign this report on behalf of the corporation

Signature of Registered Agent (signature required with first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

THOMAS, DEREK
5037 GALL BLVD.
ZEPHYRHILLS FL 33541

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

THOMAS, PATRICIA
5037 GALL BLVD.
ZEPHYRHILLS FL 33541

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

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STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-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)(k), 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 it changed, or on an attachment with an address.

SIGNATURE: X

PATRICIA THOMAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 5th MAR 96 833 782 9242
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)