

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

APPROVED
AND
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95 APR 27 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000007381 (4)

1. Corporation Name

FIRST COAST AVIONICS, INC.

Principal Place of Business
14740 YONGE DR
JACKSONVILLE FL 32218

Mailing Address
14740 YONGE DR
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1994
3a. Date of Last Report

4. FEI Number 59-3246720
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

7. This corporation meets liability for a management fee under § 190.055,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 18216

22 City & State

27 City & State
28 Jacksonville FL

24 ZIP

29 32229
30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS
50 N LAURA ST
SUITE 3100
JACKSONVILLE FL 32202

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 of person named in Block 9 (registered agent) and Block 10 (agent)

Signature of Registered Agent (signature required when new agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME TORRIBLE, FREDERICK D
STREET ADDRESS 14740 YONGE DR
CITY, ST, ZIP JACKSONVILLE FL 32218

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE D
NAME TOWER, GEORGE B JR
STREET ADDRESS 14740 YONGE DR
CITY, ST, ZIP JACKSONVILLE FL 32218

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

No longer employed -
Tower, George B Jr

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 119.07(2)(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 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 (changed, or as an attachment with an address).

SIGNATURE

F. D. Torrible
Handwritten and typed name of signing officer or director

4-21-95

904-741-4740