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PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 FEB -6 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021640 (5) N/C 12/20/95

1. Corporation Name

~~LOCKWOOD AIRCRAFT CORPORATION~~

LEZA - LOCKWOOD CORPORATION

Principal Place of Business	Mailing Address
280 B HENDRICKS WAY SEBRING FL 33870 US	280 B HENDRICKS WAY SEBRING FL 33870 US

3. Date Incorporated or Qualified: 03/21/1994

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1 LEZA DRIVE	26 1 LEZA DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SEBRING, FL	28 City & State: SEBRING, FL
24 Zip: 33870 25 Country: U.S.A.	29 Zip: 33870 30 Country: U.S.A.

4. FEI Number: ~~APPLIED FOR~~ 65-0481114 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOCKWOOD, PHILLIP J 280 HENDRICKS WAY SEBRING FL 33870	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1 LEZA DRIVE 83 84 City: SEBRING FL 85 Zip Code: 33870

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST LOCKWOOD, PHILLIP J 280 HENDRICKS WAY SEBRING FL 33870	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PT 1 LEZA DRIVE SEBRING, FL 33870	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VIC ANTONIO LEZA 1 LEZA DRIVE SEBRING, FL 33870	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S CRICKET HUNTER 1 LEZA DRIVE SEBRING FL 33870	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	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 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 changed or on an attachment with an address.

SIGNATURE: _____ 1/29/96 (941) 655-4242

CR2E034 (12/95)