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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027200

1. Corporation Name
DEVERSONB AVIATION SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 4883, SOUTH DAYTONA FL 32121-4883
Mailing Address: P.O. BOX 4883, SOUTH DAYTONA FL 32121-4883

3. Date Incorporated or Qualified
04/07/1994

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-3235304 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVERSON, MICHAEL J
4035 ORIOLE AVE.
WILBUR BY THE SEA FL 32127-6642

81 Name DEVERSON MICHAEL J.
82 Street Address (P.O. Box Number is Not Acceptable) 1501 TAMMY COURT
83
84 City PORT ORANGE FL 85 Zip Code 32124

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for 'DELETE', 'Change', and 'Addition'.

Table with 5 rows for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for 'Change' and 'Addition'.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

(904) 679-0889

Date

Daytime Phone #

CR2E034 (11/98)