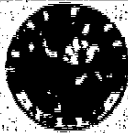


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000030020 (9)

1. Corporation Name

FLIGHT INSTRUMENT SERVICE, INC.

Principal Place of Business

**1439 S. LAKESHORE DRIVE
SARASOTA FL 34231**

Mailing Address

**1439 S. LAKESHORE DRIVE
SARASOTA FL 34231**

**APPROVED
AND
FILED**

95 APR 24 AM 8:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 1224 Clyde Jones Rd

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 Sarasota, FL

City & State

28

Zip

24 34243

Country

25 USA

Zip

29

Country

30

4. FEI Number

65-0484528

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

**DART, FORD & SPIVEY, P.A.
1549 RINGLING BLVD.
SUITE 600
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

JAMES T. KELLER

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

1439 So LAKESHORE DR.

83

84 City

SARASOTA,

FL

85 Zip Code

34231

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

James T. Keller
Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4-1-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

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

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

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

~~JAMES T. KELLER~~ ☒ Change ☐ Addition

PRESIDENT (P) ☒ Change ☐ Addition

JAMES T. KELLER

1439 So LAKESHORE DR

SARASOTA, FL 34231

SEC/TREAS. (S/T) ☒ Change ☐ Addition

JAMES T. KELLER

1439 So LAKESHORE DR

SARASOTA, FL 34231

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)(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 if changed, or on an attachment with an address.

SIGNATURE:

James T. Keller - **JAMES T. KELLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-95
Date

855-2221
Telephone Number