

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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1997 FEB -5 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000030112 (4)
1. Corporation Name

SKYTRUCK AIRCRAFT CORP.

Principal Place of Business 219 North Newnan Street Old Morocco Temple Jacksonville, FL 32202	Mailing Address 219 North Newnan Street Old Morocco Temple Jacksonville, FL 32202
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3. Date Incorporated or Qualified 04/20/1994	3a. Date of Last Report 08/09/96
4. FEI Number 59-3244360	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BASE, JOHN H. 3765 San Viscaya Drive Jacksonville, FL 32217	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 200002001002--2 -02/07/97--01010--003 84 City ***165.00 FL ***165.00
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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

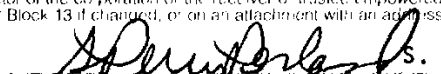
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	☐ Change ☐ Addition
NAME	Penland, S. Perry	1.2 NAME	
STREET ADDRESS	219 North Newnan Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	TYER, ROBERT	2.2 NAME	
STREET ADDRESS	5883 County Road 352	2.3 STREET ADDRESS	
CITY-ST-ZIP	Keystone Heights, FL 32656	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	BASE, JOHN	3.2 NAME	
STREET ADDRESS	3765 San Viscaya Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32217	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  S. Perry Penland

02/04/97 (904) 632-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (9/96)