

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000079551 (5)

1. Corporation Name:

ROCKLEDGE AVIATION PARK CORP.

Principal Place of Business:

**1850 TIMBERS WEST BOULEVARD
ROCKLEDGE FL 32955**

Mailing Address:

**1850 TIMBERS WEST BOULEVARD
ROCKLEDGE FL 32955**

**APPROVED
AND
FILED**

APR 28 1996

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered: **10/28/1994**
3a. Date of Last Report:

2. Principal Place of Business:		2a. Mailing Address:	
21. State, Apt. #, etc.	26. State, Apt. #, etc.	27. City & State	28. City & State
23. City & State	28. City & State	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

4. FFI Number: 59-3283239	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. The corporation has liability for intangible tax under S. 197.032, Florida Statutes: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

**BURNS, DIXIE L
1850 TIMBERS WEST BOULEVARD
ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent

81. Name:	BALZ FEINER
82. Street Address (P.O. Box Number is Not Acceptable):	500 BARNES BLVD. (AIRPORT)
83. City:	ROCKLEDGE,
84. City:	FL 85 Zip Code 32955

11. Pursuant to the provisions of Sections 607.0407 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]* DATE: *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D. P. BURNS, DIXIE L	1.1 NAME	D. P. ANGELINA SUNG ☒ Change ☐ Addition
2. STREET ADDRESS	1850 TIMBERS WEST BOULEVARD	1.1.1 STREET ADDRESS	1330 Heritage Acres Blvd
3. CITY, ST, ZIP	ROCKLEDGE FL 32955	1.1.2 CITY, ST, ZIP	Rockledge, FL 32955
4. NAME		2.1 NAME	VP ☐ Change ☒ Addition
5. STREET ADDRESS		2.1.1 STREET ADDRESS	Rich Ma
6. CITY, ST, ZIP		2.1.2 CITY, ST, ZIP	1330 Heritage Acres Blvd
7. NAME		3.1 NAME	VP ☐ Change ☒ Addition
8. STREET ADDRESS		3.1.1 STREET ADDRESS	BALZ FEINER
9. CITY, ST, ZIP		3.1.2 CITY, ST, ZIP	500 BARNES BLVD (AIRPORT)
10. NAME		4.1 NAME	ROCKLEDGE FL 32955 ☐ Change ☐ Addition
11. STREET ADDRESS		4.1.1 STREET ADDRESS	
12. CITY, ST, ZIP		4.1.2 CITY, ST, ZIP	
13. NAME		5.1 NAME	
14. STREET ADDRESS		5.1.1 STREET ADDRESS	
15. CITY, ST, ZIP		5.1.2 CITY, ST, ZIP	
16. NAME		6.1 NAME	
17. STREET ADDRESS		6.1.1 STREET ADDRESS	
18. CITY, ST, ZIP		6.1.2 CITY, ST, ZIP	
19. NAME		7.1 NAME	
20. STREET ADDRESS		7.1.1 STREET ADDRESS	
21. CITY, ST, ZIP		7.1.2 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 registrar or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, if changed, on an official document with an address.

SIGNATURE: *[Signature: Angelina Sung]* DATE: *[Date: April 28]* (407) 690-952