2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 17, 2000 8:00 am Secretary of State DOCUMENT # P94000079710

TOWNER AVIATION, INC.

Principal Place of Business

Mailing Address

C/O FLIGHT TRAINING INTERNATIONAL 2501 S.E. AVIATION WAY, STE. F.

317 S.W. RIVERWAY BLVD. PALM CITY FL 34990-4243

STUART FL 34996-4017 US		US			((88) 6 1 10 18)			N(BA) ##(
2. Principal Place of Business 3. Mailing Address 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE				
City & State Pail m City - FL City & State					4.	FEI Number 6	5-0534477		oplied For ot Applicable	
Zip	990 0	ountry .U.S	Zip	Country	5.	. Certificate of Sta	tus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent.						_7. Name and Address of New Registered Agent .				
				Name	T	112 11	Tail	• 0		
TOWNER, JOHN M % FLIGHT TRAINNING INTERNATIONAL 2501 S.E. AVIATION WAY STUART FL 34996-4017					Street Address (P.O. Box Number is Not Acceptable) 317 S. W. R. Jerway Blud.					
310/	4N1 FL 34880•4	UI7		City ρ_c	City Pala City FL Zio Code 90					
8. The above	named entity sub	mits this statement for t	he purpose of changing its	registered office of	r registered a	agent, or both, in th	ne State of Florida.			
SIGNATURE .	Signature, typed or print	Accepted agent and page of registered agent and	e H. Z	E: Pagistered Agent signa	ture required when	n reinstating)	4/2	8/00 DATE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS After MAY 1, 2000 Fee w Make Check Payable to Dep					550.00	ſ	Campaign Financin d Contribution.	· _ +-/-	00 May Be	
11.		OFFICERS AND D	RECTORS	12.	Α	ADDITIONS/CHAN	GES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE	PVTS		☐ Delete	TITLE	P			Change	☐ Addition §	
NAME	TOWNER, JOH	IN M		NAME	Town	er John	m.	1	13	
STREET ADDRESS 2501 S.E. AVIATION WAY SUITE F				STREET ADDRESS	317 9	s. W. Riv	M. BIV	d.] [
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TITLE	VP		☐ Delete	TITLE		<u> </u>	- 1	- Change	Addition C	
NAME	TAYLOR, JANI	ETTE		NAME	Jane	tte H. To	24 lor -way Blud 34996	. – •	_	
STREET ADDRESS		ATION WAY SUITE F	:	STREET ADDRESS	317	S.W. River	-way Blud	•		
CITY-ST-ZIP	STUART FL 34			CITY-ST-ZIP	Palm	City FI	34996)		
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TITLE .			☐ Delete	TITLE NAME STREET ADORESS				☐ Change	Addition	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNAPORIE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-17-2000 90855 009 ***158.75