FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90050 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018640

1. Corporation Name

WEST FLORIDA AIRCRAFT, INC.

										1 .1 11
Principal P ace	e of Business		Mailing Address			I (EBILES) IIO	B B		11891 18119 81111 8	
1000 N COLLIER BLVD			1000 N COLLIER BLVD							
SUITE 18 MARCO ISLAND FL 33937			SUITE 18 MARCO ISLAND FL 3393"			DO NOT WRI	TE IN THIS	SPACE		
MARCO ISLANI	7 FL 33537		MANOC ISEMIND IE 33301			3. Date Incorporate	ed or Qualifed			-
						03/06/1995				
2. Principal P	lace of Business		2a. Mailing Address			4. FEI Number			· · · ·	plied For
21			26			65-0562460				Applicable
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.			5. Certifcate of Sta	tus Desired		\$8.75 A Fee Re	
City 8 Stat			27 City & State			6 Etection Compo	an Einancina			`
City & State	e	ļ.	28			6. Efection Campa Trust Fund Conf	•		\$5.00 and Added to	-
Zip	Cour		Zip	Country		8. This corporation		rent year in		
24	25	-	29	30		Personal Proper			Yes	_]No
	9. Name and Ado	ress of Current Re	egistered Agent			10. Name and Add	ress of New I	Register: d	Agent	
				81	Name S-	TER LING	Hoove	EQ.		Į
KRAMER, WILLIAM D				82		ress (P.O. Bo) Number			1 === 1+	
	40TH TERRACE						MARO	WAY	1 +318	<u> </u>
NAP	LES FL 34116			83	14/11	REO ISLAN	6 FI	34	145	
				84	City	<u> </u>		Fl	85 Zip C	ode
11. Pursuant	to the provisions of Se	ections 607.0502 ar	nd 607.1508, Florida Statute	s, the above	e-named cc-rp	poration submi s this sta	tement for the	purpose of	changing its	registered
l office or n	egistered agent, or bo	ith, in the State of F	forida. Such change was au s of, Section 607.0505, Flori	tnonzed by	the corporati	on's board of directors.	i nereby acce	pi the apt o	munent as ret	gistered
SIGNATURE	Harlis	A Story	رمور			ed when reinstating)	ı	t Jazz	99	
12.	Signature, typed or printed o	OFFICERS AND	<u>``</u>	13.	it signature require	ADDITIONS/CHA	NGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	PST	. <u>•</u>	☐ DELETE	1.1 TITLE					Change	Addition
NAME	HOOVER, STERLI	NG		1.2 NAME						
STREET ADDRESS				1.3 STREE	T ADDRESS					
CITY-ST-ZIP	MARCO ISLAND I	FL 33937		14 CITY-S	T-ZIP				<u></u>	
TITLE			☐ DELETE	21 TITLE					☐ Change	Addition
NAME				2.2 NAME	ĺ					
STREET ADDRESS				2.3 STREE	TADDRESS					
CITY-ST-ZIP				2. 4 CITY-5	ST-ZIP				☐ Change	Addition
TITLE			☐ DELETE	3.1 TITLE	ļ				☐ Change	
NAME				3.2 NAME	T 4 D 0 D C C C					
STREET ADDRE 3S					T ADDRESS					
CITY-ST-ZIP TITLE			☐ DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP				Change	☐ Addition
NAME			<u> </u>	4. 2 NAME					_ ,	
\				4.3 STREE						Ì
STREET ADORE SS CITY-ST-ZIP	İ			OITEL	LADURESS I					
TITLE	i			4.4 CITY-S						
NAME			☐ DELETE	44 CITY-S 5.1 TITLE			·-		Change	Addition
1			☐ DELETE	_					Change	Addition
STREET ADDRESS			☐ DELETE	5.1 TITLE 5.2 NAME					Change	Addition
STREET ADDRE 3S			☐ DELETE	5.1 TITLE 5.2 NAME	T-ZIP				Change	Addition
STREET ADDRE SS CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	T-ZIP				Change	Addition

14. 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 signative 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICEI: OR DIRECTOR