

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

| CORPORATION<br>ANNUAL REPORT<br>1995   |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|--|--|---|--|
| DOCUMENT # P95000018918  |  |   |  |
| 1. Corporation Name<br>River City Air Center, Inc.   |  |   |  |
| Principal Place of Business<br>9102 Herlong Road<br>Jacksonville, FL 32210   |  | Mailing Address<br>9102 Herlong Road<br>Jacksonville, FL 32210                                    |  |
| DO NOT WRITE IN THIS SPACE   |  |   |  |
| 2. Principal Place of Business   |  | 3. Date Incorporated or Qualified<br>3-7-95   |  |
| 2a. Mailing Address  |  | 3a. Date of Last Report   |  |
| 21 Suite, Apt. #, etc.   |  | 4. FEI Number<br>59-3307017   |  |
| 22 City & State  |  | 5. Certificate of Status Desired  |  |
| 23 Zip   |  | 5a. Date of Last Report   |  |
| 24 Country   |  | 5b. Additional Fee Required   |  |
| 25   |  | 5c. Election Campaign Financing   |  |
| 26   |  | 5d. Trust Fund Contribution   |  |
| 27   |  | 5e. This corporation has liability for intangible tax under S. 199.032, Florida Statutes          |  |
| 28   |  | 5f. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                           |  |
| 29   |  | 5g. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                           |  |
| 30   |  | 5h. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                           |  |
| 9. Name and Address of Current Registered Agent  |  | 10. Name and Address of New Registered Agent  |  |
| 81 Name  |  | 82 Street Address (P.O. Box Number is Not Acceptable)   |  |
| 83   |  | 84 City   |  |
| 85 Zip Code  |  | 86  |  |
| 87   |  | 88  |  |
| 89   |  | 90  |  |
| 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: <i>Wayne Allen</i><br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |  |
| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| 11 TITLE   |  | 12 NAME   |  |
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| 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)(k), 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: <i>Wayne Allen</i>  |  | 4-30-96   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date  |  |
|  |  | Daytime Phone #   |  |