

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90008 023 ***150.00

DOCUMENT # P95000020470

1. Corporation Name

EUROPA AVIATION, INC.

Principal Place of Business

3400 AIRFIELD DR W
SUITE 99
LAKELAND FL 33811
US

Mailing Address

3400 AIRFIELD DR W
SUITE 99
LAKELAND FL 33811
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1995

4. FEI Number

59-3304213

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3925 Aero Place

Suite, Apt. #, etc.

22

City & State
Lakeland, FL

Zip Country
33811 US

2a. Mailing Address

26 3925 Aero Place

Suite, Apt. #, etc.

27

City & State
Lakeland, FL

Zip Country
33811 US

9. Name and Address of Current Registered Agent

FERGUSON, KEN C
306 EAST MAIN STREET
SUITE 200
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name Robert C. Bernabe

82 Street Address (P.O. Box Number is Not Acceptable)

3925 Aero Place

83

84 City Lakeland

FL

85 Zip Code 33811

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 Robert C. Bernabe

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

(NOTE: Registered Agent signature required when reinstating)

2/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHAW, IVAN
STREET ADDRESS SUNNYSIDE HOUSE, HUTTON/LE/HOLE
CITY-ST-ZIP YORK, ENGLAND Y066UD

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, S, T ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Ivan Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

Date

941-647-5355

Daytime Phone #

CR2E034 (1/98)

0434163