

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000021736 (0)

1. Corporation Name

ISLAND AVIATION AND MODIFICATIONS, INC.



Principal Place of Business

**220 E AIRPORT AVE
VENICE FL 34285**

Mailing Address

**220 E AIRPORT AVE
VENICE FL 34285**

3. Date Incorporated or Qualified

03/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 SAME AS ABOVE

4. FEI Number

65-0565421

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☒

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITWORTH, SHEILA
611 MISSOURI RD
VENICE FL 34293**

81. Name

SAME AS BCK # 9

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

83

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and the date of change

Signature, typed or printed name of registered agent and the date of change

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	YOCKE, WILLIAM H	
STREET ADDRESS	340 SHILO RD	
CITY-STATE-ZIP	SARASOTA FL 34240	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WHITWORTH, SHEILA	
STREET ADDRESS	611 MISSOURI RD	
CITY-STATE-ZIP	VENICE FL 34293	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, DAVID W IV	
STREET ADDRESS	216A E COLONIA LN	
CITY-STATE-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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: Sheila Whitworth **SHEILA WHITWORTH** 4-29-96 944-485-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Month-Year

CR2E034 (12/95)