FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 JUN 24 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021764

1. Corporation Name

BLUE ANGEL AVIATION, INC.

Principal Place of Business	Mailing Address
6706 N. 9th Ave B-4 Pensacola Fl. 32504	

3. Date Incorporated or Qualified: 3/15/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 X2401 Executive Plaza Dr	26 X2401 Executive Plaza Dr
22 Suite, Apt. #, etc. 8A	27 Suite, Apt. #, etc. 8A
23 City & State Pensacola FL	28 City & State Pensacola FL
24 Zip 32504 25 Country USA	29 Zip 32504 30 Country USA

4. FEI Number: 59-3315416 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
X RAY, Kiewet, & Kelly 15 West Main St. Pensacola Fl. 32501	81 Name 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 [illegible] with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [illegible] (Signature of current 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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAESSENS, CLAYTON T ☐ DELETE X Treasurer 6706 N 9th AVE, B-4 Pensacola FL 32504	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 2401 Executive Plaza Drive, 8A Pensacola FL 32504
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRS X Patricia L. CAESSENS ☐ DELETE 6706 N 9th AVE, B-4 Pensacola FL 32504	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 2401 Executive Plaza Drive, 8A Pensacola FL 32504
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 500002224025--8 -06/26/97--01080--003 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

6/24/97

14. I am 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 added with an address.

SIGNATURE: [signature] 4/30/97 904-478-7132

Clayton T. CAESSENS
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484224