May 03, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000027575**1. Corporation Name

LAKE WALES AVIATION, INC.

Principal Place	e of Business	Mailing Address				1 .1 (#8)(#8)()(8)	IOC BISH BOHS OF	811) 68 151 68 17 0	itäli tanat aisti s	(9891 811) 1881
450 S AIRPORT ROD		440 S AIRPORT ROAD				İ				
LAKE WALES AIRPORT		LAKE WALES AIRPORT				TO NOT WATER IN THIS SPACE				
LAKE WALES FL 33853		LAKE WALES FL 33853			DO NOT WRITE IN THIS SPACE					
US	·	US				3. Date Incorporated 04/06/1995	or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Ap	plied For
21		26				59-3273257				t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Statu	s Desired		\$8.75	I
22	·	27	·						Fee Re	
City & State	e	City & State				6. Election Campaign	-		\$5.00	
23		28				Trust Fund Contril			Added t	o Fees
Zip	Country	Zip	Count	try		8. This corporation of		rent year Int	angible Yes	□No
24	25	29	30			Personal Property 10. Name and Addre		Da mintarad		
	9. Name and Address of Curren	it Registered Agent		31 Na	me	TV. Name and Addre	SS OF NEW	Registered	Agent	
KARI	ELLER, BETTY		`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	S AIRPORT ROAD		8	32 Str	eet Addre	ss (P.O. Box Number is	Not Accept	able)		
	E WALES AIRPORT		-	33						
	E WALES FL 33853		ľ	,,						
	- WALLS I'L WOOD		Ē	34 Cit	у				85 Zip (Code
		·						FL	• <u> </u>	ronintered.
office or re	to the provisions of Sections 607.050	of Florida. Such change was :	authorized t	ov tne c	ned corpor	n's board of directors.	hereby acce	pt the appoi	ntment as re	gistered
office or re	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was :	authorized t	ov tne c	ned corpo corporation	n's board of directors. I	hereby acce	pt the appoi	ntment as re	gistered
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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 12 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP