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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P95000028600 (1)

H.M.C. AVIATION, INC.

IN DIVERSINE DOIVE

Pune pal Place of Business

Mailing Address

104 DIVERSIDE DON'E

APPROVED AND FILED

96 JAN 23 PM 3: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



NEW SMYRNA BEACH FL 32168		NEW SMYRNA BEACH FL 32168							
						3. Date Incorporated or Qualified 04/06/1995	3a. Date o	f Last F	Report
_ ,	cipal Place of Business	2a. Mailing Address			4. FEI Number	•		Applied For	
21		26				59-3311614			Not Applicable
22	.; Apt. #, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
23	& State	City & State			Election Campaign Financing Trust Fund Contribution	Added to Fees			
2ip	Country [25]	Ζφ 29	Cour 30	itry		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Currer		130			10. Name and Address of New R		aent	
				81	Name				
• 1	WALSH, J. DAVID			82	Street Add	ress (P.O. Box Number is Not Acceptab	e)		
	432 S BEACH STREET					ones, realised (1.6. pox remote to rescription)			
• [DAYTONA BEACH FL 32114			83					
	•			84	City		FI	85 Zi	ip Code
11. Pur	suant to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abov	⊥	named corpo	ration submits this statement for the pur	pose of chang	ling its	registered office
or n fam	egistered agent, or both, in the State of Flori diar with, and accept the obligations of, Sect	da. Such change was authori. iion 607.0505, Florida Statute	zed by the o s.	orpo	oration's boa	ird of directors. I hereby accept the appo	intment as re	gisterec	dagent. Lam
SIGNAT	URE.								
12.	Styrating typed or pented name of registrates again	Pand tile Pappingse (N D DIRECTORS	OTE Flagislared /	Agent	t signature require	ad when reinstating	DATE	W.5054	000
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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 formed 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 order call it 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 manages or on an attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytimie Phone #

Date