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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000029089 (6)

1. Corporation Name
PROFESSIONAL AIRCRAFT RECOVERY, INC.

Principal Place of Business

RT 1 BOX 1265
FORT WHITE FL 32038
US

Mailing Address

RT 1 BOX 1265
FORT WHITE FL 32038
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1995

2. Principal Place of Business

21 RT 3 BOX 341 A
Suite, Apt. #, etc.

2a. Mailing Address

26 RT 3 BOX 341 A
Suite, Apt. #, etc.

4. FEI Number

59-3318480

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

City & State

23 LAKE BUTLER, FL

Zip

24 32054

Country

25 UNION

City & State

27 LAKE BUTLER, FL

Zip

29 32054

Country

30 UNION

9. Name and Address of Current Registered Agent

BOYD, WILLIAM L
ROUTE 1 BOX 1265
FORT WHITE FL 32038

10. Name and Address of New Registered Agent

81 Name BOYD, WILLIAM L.

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

RT 3 BOX 341 A

83

84 City LAKE BUTLER

FL

85 Zip Code 32054

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-98

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME BOYD, WILLIAM L
STREET ADDRESS ROUTE 1, BOX 48G
CITY-ST-ZIP FORT WHITE FL 32038 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD
1.2 NAME BOYD, WILLIAM L ☒ Change ☐ Addition
1.3 STREET ADDRESS RT 3 BOX 341 A
1.4 CITY-ST-ZIP LAKE BUTLER, FL 32054

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE

William L Boyd

4-22-98

904 961-9002

CR2E034 (10/97)