

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 # P95000048854 (0)

1. Corporation Name
AVIATION TECHNICAL INC.



Principal Place of Business

18243 MORGAN DR
FT MYERS FL 33912

Mailing Address

18243 MORGAN DR
FT MYERS FL 33912

3. Date Incorporated or Qualified

06/20/1995

3a. Date of Last Report

2. Principal Place of Business

21 5115 SAN-CAP Road
Suite, Apt. #, etc

2a. Mailing Address

26 5115 SAN-CAP Road
Suite, Apt. #, etc

4. FEI Number

65-0589721

Applied For
Not Applicable

22 City & State

23 Sanibel Island, FL.

27 City & State

28 Sanibel Island, FL.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33957

Country

29 33957

Country

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

9. Name and Address of Current Registered Agent

BROWN, CINDY
18243 MORGAN DR
FT-MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

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

5115 SAN-CAP ROAD

83

84 City

Sanibel Island

FL

85

33957

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 on this application

(Date) (Signature) (Agent Signature) (Date)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BROWN, CINDY
STREET ADDRESS 18243 MORGAN DR
CITY-ST-ZIP FT MYERS FL 33912 ☐ DELETE

TITLE D
NAME BROWN, JAMES G-T
STREET ADDRESS 18243 MORGAN DR
CITY-ST-ZIP FT MYERS FL 33912 ☐ DELETE

TITLE D
NAME FORREY, DOUG
STREET ADDRESS 18243 MORGAN DR
CITY-ST-ZIP FT MYERS FL 33912 ☐ 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 PID, S/T ☒ Change ☐ Addition
1.2 NAME Brown, Cindy K
1.3 STREET ADDRESS 5115 Sanibel-Captiva Road
1.4 CITY-ST-ZIP Sanibel, FL 33957

2.1 TITLE D/V ☒ Change ☐ Addition
2.2 NAME BROWN, JAMES G-T
2.3 STREET ADDRESS 5115 Sanibel-Captiva Road
2.4 CITY-ST-ZIP Sanibel, FL

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME FORREY, DOUG
3.3 STREET ADDRESS 5115 Sanibel-Captiva Road
3.4 CITY-ST-ZIP Sanibel, Florida 33957

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 600001864576
5.3 STREET ADDRESS -06/18/96--01011--034
5.4 CITY-ST-ZIP ***200.00

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

Cynthia K. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 (941)472-
DATE

CR2E034 (12/95)