FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

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LLOVE, WILLIAM D 435B2 AIRPARK ROAD

EDGEWATER FL 32132

Suite, Apt. #, etc.

City & State

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Zip

手上手



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000081379 (6)

D & S AIRCRAFT TOOL AND PRODUCTS, INC.

Principal Place of Business Mailing Address P.O. BOX 936 P.O. BOX 936 EDGEWATER FL 32132 **EDGEWATER FL 32132**

2a. Mailing Address

City & State

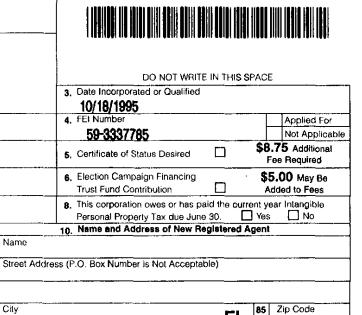
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g. Name and Address of Current Registered Agent

Suite, Apt #, etc

FILED May 05 1998 8:00am Secretary of State



11. Pursuant to the provisions of Sections 607.05.02 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

Country

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SIGNATURE	Signature, typed or preded name of registered agent and tibe if	-11	TE: Registered Agent signature requi	ystered Agent signature required when reinstating) DATE			
12.	OFFICERS AND DIRECT	_ `	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR		
TITLE	D	DELETE	1.1 TITLE		☐ Change	Additio	
NAME	LOVE, WILLIAM D		1.2 NAME				
STREET ADDRESS	1751 AIRPARK RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	EDGEWATER FL 32132		1.4 CITY - ST - ZIP				
TITLE		DEFELE	2 1 TITLE		☐ Change	Additio	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		· ·		
TILE		DELETE	3.1 TITLE		Change	Additio	
IAME			3.2 NAME				
TREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
ITLE		☐ DELETE	4.1 TITLE		Change	Additio	
IAME			4. 2 NAME				
TREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CiTY-ST-ZiP				
TITLE		☐ DELETE	5.1 TITLE		Change	Additio	
NAME			5.2 NAME	,			
TREET ADDRESS			5 3 STREET ADDRESS		•		
ITY-ST-ZIP	_		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Additio	
IAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 suppliemental 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, given an attachment with an address.