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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000077326 (2)

LEFEVER AIRCRAFT SALES, INC.

Principal Place of Business Mailing Address 841 WHITE IVEY COURT **B41 WHITE IVEY COURT** APOPKA FL 32712 APOPKA FL 32712-3311 3. Date Incorporated or Qualified 3a. Date of Last Report 09/17/1996 2. Principal Place of Business FEI Number 2a. Mailing Address Applied For 59 Not Applicable 26 21 Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Zip Country ZiD Country 6. This corporation has liability for intangible tax under s. 199.032, Yes Yo 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEFEVER. JEFFREY A 841 WHITE IVEY COURT **B2** Street Address (P.O. Box Number is Not Acceptable) APOPKA FL 32712 83 Zip Code 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 lambar with, and accept the obligations of, Section 607.0505, Florida Statutes, 04-24-92 elever SIGNATUR nt signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE Change Addition THEF 1.170116 LEFEVER, JEFFREY A NAME 1.2 NAME 841 WHITE IVEY COURT STREET ADDRESS 1.3 STREET ADDRESS APOPKA FL 32712 1.4 CITY-ST-ZIP C-11-S1 DELETE Addition 2.1 TOLE Change 1151 F LEFEVER, JEFFREY A 22 NAME NAME 841 WHITE IVEY COURT 2.3 STREET ADDRESS STREET ADORESS APOPKA FL 32712 2. 4 C(TY - ST-7)P C(1) - \$1 - 20 DELETE Change Addition 3.1 10016 1011 3.2 NJMP MAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. D-TY-ST-ZIP DITY-SI ZP ☐ DELETE Change ___ Addition 4.1 TIPLE THREE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST. 74º DELETE Change ___ Addition 5.1 TIFLE THE 5.2 HAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 DITY-ST-ZIP CHY-ST-ZIP DELETE Change __ Addition 6.1 TIFLE 1016 MAME 6.2 NAME 6.3 SHREET ADDRESS STREET ADDRESS 6.4 C-TY - ST - ZIP

14. I do 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