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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mgrtham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P9700005444 (9)

GLEN AIRCRAFT, INC.

Principal Place of Business Mailing Address

**FILED** Feb 12 1998 8:00am Secretary of State



1304 SOUTH SARASOTA	1 ORANGE AVENUE FL 34239	1304 SOUTH ORAN SARASOTA FL 342	ige avenue 39		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  01/17/1997	S SPACE	
2. Principal	Place of Business	2a. Mailing Address	S		4. FEI Number Applied For S9-3419441 Not Applied For		· † · · · · · · · · · · · · · · · · · ·
Suite, Apt. #, etc.			Suite, Apt. #, etc.		6. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State	28		B. Election Campaign Financing     Trust Fund Contribution     Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	30 Cou	intry	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes	Intangible
	9. Name and Address of Cur	rent Registered Agent	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Registere	ರ Agent	
	ARNELL, ROBERT W			81 Name			:
Si	133 MAIN STREET JUTE 406				dress (P.O. Box Number is Not Acceptable)		
S/	ARASOTA FL 34237			83 City		. 85 Zip	Code
	Jar Jar	u sione	d in	b A A A	<u> </u>	L   ' '	
11. Pursuant office or	to the provisions of Sections 607.0	0509 and 607.1508/Horida	Statutes, the a	oove-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing	Its registered
agent. I	agh anyling filth give accomplish on	Valions of Section 607 050	05 Florida Stat	ules,	ations board or directors. Therefore accept many	ibolutueur a	is registered
9/GNATURE	(XXIIA) XXXII	LA STORY		$\checkmark /\!\!/$		189	
12.	The state of the s	AND DIRECTORS		Agent eignature requ		$\Box Z$	
TITLE	) D OHIGHS?	DELET	13.	a.r. 1	ADDITIONS/CHANGES TO OFFICERS AN		
NAME	ROBERTSON, GLEN E					Change	Addition
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CITY-ST-ZIP TITLE	SANASUTA FL 34239	DELET		TY-ST-ZIP		Channe	- I a definition
NAME		[_] berei				Change	Addition
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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 roport or supplemental applied 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 confortion or the receiver of 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 chapter 607, or on an entaging it with an address.