

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

FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000009253 (0)**

1. Corporation Name

CADILLAC AERO SERVICES, INC.

Principal Place of Business

**P.O. BOX 4007
ENTERPRISE FL 32725-0007**

Mailing Address

**P.O. BOX 4007
ENTERPRISE FL 32725-0007**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1997

4. FEI Number

59-3429860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**ELLIOTT, KATHLEEN D
2130 MACHARDY ROAD
DELTONA FL 32738**

10. Name and Address of New Registered Agent

81 Name THOMAS ELLIOTT

**82 Street Address (P.O. Box Number is Not Acceptable)
2130 MACHARDY RD**

83

84 City DELTONA

FL

85 Zip Code 32738

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

Thomas Elliott

THOMAS ELLIOTT PRESIDENT

FEB 24 98

Signature typed or printed name of registered agent on filing: applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ELLIOTT, KATHLEEN D
STREET ADDRESS 2130 MACHARDY ROAD
CITY-ST-ZIP DELTONA FL 32738

☒ DELETE

TITLE D
NAME THOMPSON, REBECCA S
STREET ADDRESS 5934 BENT PINE DR. #137
CITY-ST-ZIP ORLANDO FL 32827

☐ DELETE

TITLE D
NAME VOIGHT, LOUISE T
STREET ADDRESS 3165 NORTH ATLANTIC AVE UNIT B 306
CITY-ST-ZIP COCOA BEACH FL 32831

☐ 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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE D
2.2 NAME REBECCA S. THOMPSON
2.3 STREET ADDRESS 1611 WEST AV. J-B APT 107
2.4 CITY-ST-ZIP LANCASTER, CA 93534

☒ Change ☐ Addition

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

☐ Change ☐ Addition

4.1 TITLE PRESIDENT - P
4.2 NAME THOMAS ELLIOTT
4.3 STREET ADDRESS 2130 MACHARDY RD
4.4 CITY-ST-ZIP DELTONA, FL 32725

☐ 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:

Thomas Elliott

THOMAS ELLIOTT

FEB 24, 1998

904-801-0918

CR2E034 (10/97)