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

Mailing Address

4182 KIRBY LANE

ESTERO FL 33928

PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 1. Corporation Name P97000021506

Principal Place of Business

4182 KIRBY LANE

ESTERO FL 33928

EMPIRE AVIATION SERVICES, INCORPORATED

				BONO! WHIELIN III	
				Date Incorporated or Qualifed	
				03/04/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Nu nber	App ied For
21		26		65-0794582	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		<u> </u>	
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees-
23		Zip	Country		
Zip	Country		¬ ´	 This corporation owes the current year Inta Personal Property Tax. 	⊒Yes []No
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered	
	9. Name and Add ess of Curren	Registered Agent	81 Name		
REC*	TOR, JONATHAN B				
	KIRBY LANE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ERO FL 33928		83		
2011					
			84 City	FĹ	85 Zip Code
44 Diversion at 4	to the provisions of Scotions 607 050	2 and 607 1508 Florida Statutes	the above-named com	oration submits this statement for the purpose of	changing its registered
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 cirectors. I hereby accept the appointment as registered					
agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if annicable (NOT): Re	egistered Agent signature require	d when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RECTOR, JONATHAN B.		1.2 NAME		
STREET ADDRESS	4182 KIRBY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ESTERO FL 33928		1.4 CITY-ST-ZIP		
TITLE	2012//01200	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
-NAME		 -	3.2 NAME		
STREET ADDRE 3S			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 supplemental annual report is true and accurate and that my signat are 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 attact ment with an address, with all other like empowered.

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90024 025 ***150.00

DO NOT WRITE IN THIS SPACE