

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90063 029 ***150.00

DOCUMENT # P97000042469

1. Corporation Name

LEADING EDGE AVIATION CONSULTING INC.

Principal Place of Business

9334 VANDENBERG AIRPORT RD.
TAMPA FL 33610

Mailing Address

9334 VANDENBERG AIRPORT RD.
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

NOT APPLICABLE

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 the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOBERG, MARK R
1802 CREEKBEND DR.
LAKELAND FL 33610

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1435 Royal Forest Place

83

LAKELAND

84 City

FL

85

Zip Code

33810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

MOBERG, MARK R

STREET ADDRESS

1802 CREEKBEND DR.

CITY-ST-ZIP

LAKELAND FL 33610

TITLE

V

☐ DELETE

NAME

MOBERG, DAVID C

STREET ADDRESS

6411 LAKES DIVIDE RD.

CITY-ST-ZIP

TAMPA FL 33637

TITLE

ST

☒ DELETE

NAME

STEPHENS, JANET

STREET ADDRESS

9466 HUNTER'S POND DR.

CITY-ST-ZIP

TAMPA FL 33647

TITLE

T

☐ DELETE

NAME

MOBERG, SHARON

STREET ADDRESS

4730 SE 33RD TERRACE

CITY-ST-ZIP

OCALA FL 34480

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

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☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 813-626-1875

CR2E034 (1/98)