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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000066009

1. Corporation Name

SPERD AVIATION INC

Principal Place of Business	 -

Mailing Address

155 31ST AVE SW

VERO BEACH FL 32968 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 7121197 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 155 3157 65-0785527 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be BEACH VERO 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes the current year Intangible 32968 25 MNo ☐ Yes Personal Property Tax. 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORE 81 Street Address (P.O. Box Number is Not Acceptable) VERD BEACH, FZ 3).96% 83 84 City \mathcal{H} DEACH 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 12. OFFICERS AND DIRECTOR ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 11 TITLE PRESIDENT 1.2 NAME SIGHER GEDRGE STREET ADDRESS 1.3 STREET ADDRESS 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE SECRETARY 2.2 NAME NAME LIGHTFOUT 2 3 STREET ADDRESS STREET ADDRESS 1,55 315T AVE SW 32968 VERO BEACH 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE 3 1 TITLE TREASURER NAME B SIGLER 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS

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 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

OFFICER OR DIRECTOR

CR2E034

☐ Addition

Addition

☐ Change

☐ Change

May 17, 1999 8:00 am

Secretary of State

05-17-1999 90080 009 ***150.00