

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN -5 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000072519

1. Corporation Name:

WRIGHTWAY AVIATION, INC.

Principal Place of Business:

Mailing Address:

1585 AVIATION CENTER PARKWAY #606
DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

AUGUST 20, 1997

2. Principal Place of Business:

2a. Mailing Address:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3463008

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIRGIL E. LYNCH
1585 AVIATION CENTER PKWY. #606
DAYTONA BEACH, FL 32114

81 Name

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

83

84 City

400002553434-4
-06/09/98-01100-013
****150.00 ****150.00
FL 85 Zip Code

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 of person authorized to change the registered office or registered agent

(NOTE: If between Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

VIRGIL E. LYNCH

STREET ADDRESS

1509 HARBOR DRIVE

CITY- ST- ZIP

MARATHON, FL 33050

TITLE

VP

☐ DELETE

NAME

DORIS A. LYNCH

STREET ADDRESS

1509 HARBOR DRIVE

CITY- ST- ZIP

MARATHON, FL 33050

TITLE

S/T

☐ DELETE

NAME

SHOSHANA RESNICK

STREET ADDRESS

4606 GRAND AVE.

CITY- ST- ZIP

DELEON SPRINGS, FL 32130

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

11 TITLE

P

☒ Change

☐ Addition

12 NAME

VIRGIL E. LYNCH

☒ Change

☐ Addition

13 STREET ADDRESS

2269 CHURCH ST.

☒ Change

☐ Addition

14 CITY- ST- ZIP

DELAND, FL 32720

☒ Change

☐ Addition

21 TITLE

VP

☒ Change

☐ Addition

22 NAME

DORIS A. LYNCH

☒ Change

☐ Addition

23 STREET ADDRESS

2269 CHURCH ST.

☒ Change

☐ Addition

24 CITY- ST- ZIP

DELAND, FL 32720

☒ Change

☐ Addition

31 TITLE

S/T

☒ Change

☐ Addition

32 NAME

SHOSHANA RESNICK

☒ Change

☐ Addition

33 STREET ADDRESS

133 OAK TREE CIRCLE

☒ Change

☐ Addition

34 CITY- ST- ZIP

DAYTONA BEACH, FL 32118

☒ Change

☐ Addition

41 TITLE

☐ Change

☐ Addition

42 NAME

☐ Change

☐ Addition

43 STREET ADDRESS

☐ Change

☐ Addition

44 CITY- ST- ZIP

☐ Change

☐ Addition

51 TITLE

☐ Change

☐ Addition

52 NAME

☐ Change

☐ Addition

53 STREET ADDRESS

☐ Change

☐ Addition

54 CITY- ST- ZIP

☐ Change

☐ Addition

61 TITLE

☐ Change

☐ Addition

62 NAME

☐ Change

☐ Addition

63 STREET ADDRESS

☐ Change

☐ Addition

64 CITY- ST- ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing is true and correct for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this return is true and correct, and as accurate and that my signature shall have the same legal effect as if made under oath by the person an officer or director of the corporation or the person who has been designated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this document with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/98

(904) 254-7878

CR2E034 (10/97)