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

PROFIT CORPORATION ANNUAL REPORT

1999

RYALS, ROY C

ROUTE 7 BOX 469A LAKE CITY FL 32055



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90044 017 ***150.00

DOCUMENT # P97000101575

Corporation Name

D. & R. AIRFRAME SERVICES C	ORPORATION		
Principal Place of Business	Mailing Address		
ROUTE 7 BOX 469A LAKE CITY FL 32055	P.O. BOX 2396 LAKE CITY FL 32056-2396		
		3.	
Principal Place of Business 21	2a. Mailing Address	4.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5.	
City & State	City & State	6.	
Zip Country 24 25		untry 8.	
9. Name and Address of Ci		10.	
		81 Name	

	DO NOT	WRITE IN	THIS	SPACE
Date Incorporat	ted or Qua	lifed		

Applied For

Zip Code

85

Not Applicable

12/01/1997 FEI Number

50-3468046

	<u> </u>				
	5. Certifcate of Status Desired			\$8.75 Additional Fee Required	
	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
_	This corporation owes the curre Personal Property Tax.		Yes	∑ No	
-	10. Name and Address of New R	legistere	d Agent		
re	ss (P.O. Box Number is Not Accepta	ble)			•
_	NO CHANGE				

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, and accept the obligations of, Section 607.0505. Florida Statutes.

83

84 City

Street Add

SIGNATURE AND ALL AND						
SIGNATURE	Signature, type of printed name of egistered agent and title	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	gistered Agent signature re	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
12.	OFFICERS AND DIRECTORS		13.			
TITLE	D	DELETE	1.1 TITLE	[] Chan	ge	
NAME	RYALS, ROY C		1.2 NAME		Ì	
STREET ADDRESS	P.O. BOX 2396		1.3 STREET ADDRESS		J	
CITY-ST-ZIP	LAKE CITY FL 32056-2396		14 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE	☐ Chan	ge 🔯 Addition	
NAME	RYALS, JANICE K		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	عدرانها منحوان البحائد التحاليفوند البا	· - · - ·	
CITY-ST-ZIP	LAKE CITY FL 32056-2396		2. 4 CITY-ST-ZIP			
TITLE	D	XMOELETE	3.1 TITLE	Chan	ge 🗌 Addition	
NAME	Green, Russell S		3.2 NAME	Delete RussellaS. Green as	an	
STREET ADDRESS	ROUTE 9 BOX 2080		3.3 STREET ADDRESS		~~·	
CITY-ST-ZIP	LAKE CITY FL 32025		3.4. CITY-ST-ZIP	officer and director		
TITLE		☐ DELETE	4.1 TITLE	☐ Chan	ge 🔲 Addition	
NAME			4. 2 NAME		ĺ	
STREET ADDRESS			4.3 STREET ADDRESS		l	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	☐ Chan	ge 🔲 Addition	
NAME			5.2 NAME		Ì	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		□ DELETE	6.1 TITLE	☐ Chan	ge 🗌 Addition	
NAME			6.2 NAME		}	
STREET ADDRESS			6.3 STREET ADDRESS		{	

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.

SIGNATURE:

ATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-22-99

904-255-4466 Daylinle Phone #

CR2E034 (11/98)