## 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** 

## DOCUMENT # P9800001420

1. Corporation Name

PRECISION AIRCRAFT LEASING, INC.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90117 048 \*\*\*150.00



Principal Place of Business Mailing Address							MARLE WEELS DE	IOI   OK  #101	
RURAL ROUTE 18 BOX 627 LAKE CITY FL 32025		RURAL ROUTE 18 BOX 627 LAKE CITY FL 32025							
						DO NOT WRITE	IN THIS	SPACE	
	•					3. Date Incorporated or Qualifed 01/05/1998			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		A	oplied For	
21		26					V N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				J. Controlle of Guida Bearing		Fee R	equired
City & State		City & State				6. Election Campaign Financing		-	May Be
23		28		- 4		Trust Fund Contribution			to Fees
Zip	Country	Zip <b>29</b>	30	intry -	<u></u>	This corporation owes the currer     Personal Property Tax.		ngible Yes -	Mγo ·
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
Pol 184	BLASS DAVID S			81	Name				
Dunham, David L Rural Route 18 Box 627		•		82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
LAK	E CITY FL 32025			83					
				84	City		FL	85 Zip	Code
						austine as busite this statement for the p		hanging its	registered.
office or r	registered agent, or both, in the State	of Florida. Such change was	authorized	ov th	e corporatio	oration submits this statement for the pon's board of directors. I hereby accept	the appoin	tment as r	egistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, I	Florida Stat	utes.					
SIGNATURE		AV.	VE Declara	I Acont of	lamatura maniend	Luchen reinstation)	DATE		
	Signature, typed or printed name of registered age		<u>-</u>	d Agent si	ignature required	I when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE ICERS AN	DIRECT	ORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NO NO DIRECTORS	TE: Registered		ignature required	when reinstating)  ADDITIONS/CHANGES TO OFFI		DIRECT	ORS IN 12
<b>12.</b> πτε	OFFICERS AN	ID DIRECTORS	13.	TLE	ignature required				
12. TITLE NAME	D DUNHAM, DAVID L	ID DIRECTORS	13. 1.1 TI 1.2 N	TLE					
12. IITLE NAME STREET ADDRESS	OFFICERS AND DUNHAM, DAVID L RURAL ROUTE 18 BOX 627	ID DIRECTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME	DDRESS				
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12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND DUNHAM, DAVID L RURAL ROUTE 18 BOX 627	ID DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 NI 1.3 S' 1.4 CI 2.1 TI 2.2 NI 2.3 S' 2. 4 CI 3.1 TI 3.2 NI 3.3 S' 3.4 CI	TLE  AME  TREET AL	DDRESS DDRESS ZIP DDRESS			☐ Change	Addition Addition
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CITY-ST-ZIP 14. 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.

6.4 CITY-ST-ZIP

**SIGNATURE:**