

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90001 044 ***550.00

DOCUMENT # **P98000014127**

1. Corporation Name

BOB QUICK AIRCRAFT CENTER INC.

398/83 - 90001 - 44



Principal Place of Business
**36 CARDAMON DR
ORLANDO FL 32825**

Mailing Address
**36 CARDAMON DR
ORLANDO FL 32825**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1998

2. Principal Place of Business

2a. Mailing Address

21 **3160 WHISPER Wind Dr.** 26 **3160 WHISPER Wind Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

593496150

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.

☐ Yes

☒ No

23 **ST. Cloud. FL.**

28 **ST. Cloud FL.**

Zip

Country

Zip

Country

24 **34771** 25 **U.S.A.**

29 **34771** 30 **USA.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUICK, BOB D
36 CARDAMON DR
ORLANDO FL 32825**

81 Name

Quick, Bob D.

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

3160 WHISPER Wind Dr.

83

84 City

ST. Cloud

FL

85 Zip Code

34771

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 **Bob D. Quick**

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

(NOTE: Registered Agent signature required when reinstating)

7/19/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **QUICK, BOB D**
STREET ADDRESS **36 CARDAMON DR**
CITY-ST-ZIP **ORLANDO FL 32825**

1.1 TITLE **D.** ☒ Change ☐ Addition
1.2 NAME **Quick, Bob D.**
1.3 STREET ADDRESS **3160 WHISPER Wind Dr.**
1.4 CITY-ST-ZIP **ST. Cloud FL 34771**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: **Bob D. Quick** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/99 407-899-7849

Date

Daytime Phone #

CR2E034 (5/99)