

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 # P98000045748**

Corporation Name

LC AIRCRAFT SALES, INC.**Principal Place of Business**828 NORTH ATLANTIC AVE., #605
DAYTONA BEACH FL 32118**Mailing Address**2828 NORTH ATLANTIC AVE., #605
DAYTONA BEACH FL 32118**FILED**
Feb 02, 1999 8:00 am
Secretary of State

02-02-1999 90016 044 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1998

4. FEI Number

59-3515590

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 Tax.

☐☐ No**2. Principal Place of Business****2a. Mailing Address**

1 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

3. City & State**27. City & State****4. Zip****Country****28. Zip****Country****9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent**ELSEY, JAMES W
2828 NORTH ATLANTIC AVE., #605
DAYTONA BEACH FL 32118**81. Name****82. Street Address (P.O. Box Number is Not Acceptable)****83. City****84. Zip Code**

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

1-13-99

12. OFFICERS AND DIRECTORSTITLE ☐ DELETENAME
ELSEY, JAMES W
STREET ADDRESS
2828 NORTH ATLANTIC AVE., #605
CITY-ST-ZIP
DAYTONA BEACH FL 32118TITLE ☐ DELETENAME
ELSEY, RANDALL D
STREET ADDRESS
290 SUNSET BLVD.
CITY-ST-ZIP
HERMITAGE PA 16148TITLE ☐ DELETENAME
ELSEY, JAMES H
STREET ADDRESS
24 ENGLISH ROAD
CITY-ST-ZIP
PULASKI PA 16143TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**☐ Change ☐ Addition**1.1 TITLE****1.2 NAME****1.3 STREET ADDRESS****1.4 CITY-ST-ZIP****2.1 TITLE****2.2 NAME****2.3 STREET ADDRESS****2.4 CITY-ST-ZIP****3.1 TITLE****3.2 NAME****3.3 STREET ADDRESS****3.4 CITY-ST-ZIP****4.1 TITLE****4.2 NAME****4.3 STREET ADDRESS****4.4 CITY-ST-ZIP****5.1 TITLE****5.2 NAME****5.3 STREET ADDRESS****5.4 CITY-ST-ZIP****6.1 TITLE****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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/199)