

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90035 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000077456

1. Corporation Name

RANGER AVIATION INCORPORATED

Principal Place of Business
 118 EAST JEFFERSON STREET
 ORLANDO FL 32801

Mailing Address
 118 EAST JEFFERSON STREET
 ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

59-3542693

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☒ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21 3950 MERLIN DR

2c P.O. Box 701333

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Kissimmee

27

City & State

City & State

23 FL

28 ST CLOUD FL

Zip

Country

Zip

Country

24 34741

25

USA

29

34770

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

S.F.

81 Name

JOSEPH A FREIN

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

118 East Jefferson Street

83

84 City

ORLANDO

FL

85 Zip Code

32801

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

JOSEPH A FREIN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/99

12. OFFICERS AND DIRECTORS

TITLE PD
 NAME FREIN, JOSEPH
 STREET ADDRESS 118 EAST JEFFERSON STREET
 CITY-ST-ZIP ORLANDO FL 32801

☒ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/O/T
 1.2 NAME BONAR CHARLES' KIP
 1.3 STREET ADDRESS P.O. Box 701333
 1.4 CITY-ST-ZIP ST CLOUD FL 34770-1333

☒ Change ☐ Addition

2.1 TITLE VP/S/D
 2.2 NAME THOMAS R. CAPPS
 2.3 STREET ADDRESS 1605 RESAL COVE COURT
 2.4 CITY-ST-ZIP KISSIMMEE FL 34744

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3/11/99

Date

457-892-0444

Daytime Phone #