2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90541 026 ***150.00

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DOCUMENT # P99000012806

1. Entity Name
MONARCH AVIATION, INC.

Principal Place of Business	Mailing Address
1100 W. 26TH ST. LYNN HAVEN FL 32444	1100 W. 26TH ST. LYNN HAVEN FL 32444

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1931 HWY 90 WEST	1931 HWY 90 WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEFUNIAK SPRINGS FL	City & State: DEFUNIAK SPRINGS
Zip: 32433 Country: USA	Zip: 32433 Country: USA

4. FEI Number 59-3559454 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EVERITT, CARL
1100 W. 26TH ST.
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent
Name: EVERITT CARL
Street Address (P.O. Box Number is Not Acceptable): 1931 HWY 90 WEST
City: DEFUNIAK SPRING FL Zip Code: 32433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] C. EVERITT DATE: 4/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERITT, CARL 1100 W. 26TH ST. LYNN HAVEN FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERITT, ALLISON 1100 W. 26TH ST. LYNN HAVEN FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 4/19/03 850 951-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #