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DOCUMENT # P9900085193						FILED					
CHERRY HILL AVIATION, INC.						00 MAR -2 PM 2: 47					
						SECRE	TARY OF	STA	Æ		
Principal Place of Business Mailing Address				_		SECRETARY OF STATE. THE ENDOMESTE: PLOREDA					
315 S. CALHOUN ST., STE. 350 315 S. CALHOUN ST., STE. 3						~,					
TALLAHASSEE	FL 32301 .	TALLAHASSEE FL 32301-1837							4		
						1 ABBT18 31 118 13118 15121 86141 89112 831	n aanti (2001 ah bi	)	41 1111 1301		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			$\dashv$	DO NOT WRITE IN THIS SPACE					
City & State		City & State			<u>.   _ , </u>	4. FEI Number Applied For					
City a State		City a state				59-3600474			t Applicable	1	
Zip Country		Zip Coun		ry 5. Certificate		Certificate of Status Desired	tus Desired			]	
	6. Name and Address of Current I	Registered Agent	· T		7. 1	Name and Address of New Reg			<u> </u>	}	
	** * * * * * * * * * * * * * * * * * *			Name							
	oks, Christopher B S. Calhoun St., Ste. 350	خانیت ا <del>کانس</del> ت بدید		Street Addre	ss (P.O. B	lox Number is Not Acceptable)			-	İ	
	AHASSEE FL 32301		<u> </u>			<del>,</del> ;				1	
	,		<u> </u>	City	•		FL Z	ip Code	9	1	
9 The shows	named entity submits this statement for	the purpose of changing its re	oistarar	d office or regi	istarad aa	ent or both in the State of Florid				-	
or me abore	TREE TO STREET SECTION AND SECTION OF A TOP	the purpose of changing its to	.gisteret	Tomos or ragi	istorou e.B	BIR, O. COM, HI WO CERTO OF FORCE	<b>3</b> ,				
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if annifoshie (NOTE R	Servettered /	Agent signature req	wined when re	ninstauno)	DATE		<del></del>		
A This corns		FILE NOW!!!					12.7.4.4.		•	1	
Tax filing requirement and elects to do so After MAY 1, 2000			Fee w	ili be \$550.0		.10. Election Campaign Finance Trust Fund Contribution.			May Be to Fees		
	ria on back) OFFICERS AND I	Make Check Payable	to Dep	artment of 3		DDITIONS/CHANGES TO OFFICE	POINT CHAR OF	CTORS	: 151 11	-	
III.	PD	: Delete	TITLE		AD	DUTIONS/CHANGES TO OFFICE		hange	Addition	6	
NAME	WINCHESTER, AUGUSTUS		NAME		,					6	
STREET ADORESS CITY-ST-ZIP	315 S. CALHOUN ST., STE. 350 TALLAHASSEE FL 32301		CITY-S	TADORESS ST-ZIP						CR2E034 (9/99)	
TITLE :	STD	☐ Defete	TITLE					hange	☐ Addition	8	
NAME STREET ADDRESS	Brooks, Christopher B 315 S. Calhoun St., Ste. 350		NAME	ADDRESS							
CITY-SI-ZIP	TALLAHASSEE FL 32301	,	CITY-S	_							
TITLE		☐ Delete	TITLE				c	hange	Addition	}	
NAME STREET ADDRESS			NAME STREET	ADDRESS						Ì	
_CITY_ST:ZIP		, t	CITY-S		<u> </u>				<u> </u>		
TITLE NAME		Defete	TITLE NAME					hange	Addition	1	
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CITY-ST-ZIP			CITY-S	r-21P				<b></b>	Addition	1	
TITLE NAME	•	☐ Delete	TITLE NAME					lialiyo		1	
STREET ADDRESS	SŢ			ADORESS		KE					
CITY-ST-ZIP	partify that the information eventing with	this filing does not availed for the	CITY-S	1	Cantina 1	119.07/3Vi) Elorida Statutar 14	than nartify the	at the in	formation		
indicated of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address. W	true and accurate and that my wered to execute this report as	signatur	re shall have t	he same k	legal effect as if made under oath	; that I am an :	omicer (	or director		
01011	UDE.			, ,	_	1 17-14	0 Ca - 11	, QLA	415		
SIGNAT	SIGNATURE AND TYPED OF PR	INTED NAME OF SIGNING OFFICER OR	DIRECTOR	by Brook	<u>.                                    </u>	/-//-0-0 Date	P50 - 227 Daytimo P		, 0		