

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90077 019 ***150.00

DOCUMENT # P99000093852

1. Entity Name

GENERAL AVIATION CONSULTING, INC.

Principal Place of Business

908 S. FLORIDA AVE., STE. 102
 COLONIAL BLDG.
 LAKELAND FL 33803

Mailing Address

908 S. FLORIDA AVE., STE. 102
 COLONIAL BLDG.
 LAKELAND FL 33803-1177

2. Principal Place of Business

LAKELAND, FLORIDA

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 90101

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

LAKELAND, FLORIDA

Zip

33803

Country

USA

4. FEI Number

EIN No. 59-3619739

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTMAN, STEPHEN H
 908 S. FLORIDA AVE., STE. 102
 COLONIAL BLDG.
 LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Same

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, CARL RAYMOND
STREET ADDRESS	908 S. FLORIDA AVE., STE.102 COLONIAL BLDG
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D <input type="checkbox"/> Delete
NAME	JOHNSON, LINDA SUE
STREET ADDRESS	908 S. FLORIDA AVE., STE.102 COLONIAL BLDG
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carl Raymond Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00
 Date

403-255-2810
 Daytime Phone #



DO NOT WRITE IN THIS SPACE