FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S02588

(9)

TOMLINSON AVIATION, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					I ISBNIĞNG (IN BENZE HARBE ÖZNER NENE	A NOTE OSERIA DARAN DISTRA		OTER TOR	
HANGAR WAY ORMONO BEACH AIRPORT ORMOND BHC FL 32175		P.O. BOX 2766 ORMOND BCH FL 32174-4642 US			DO NOT WR	ITE IN THIS SPAC	Œ		
US					3. Date incorporated or Qualifie 09/25/1990	d			7
2. Principal P	ace of Business	2a, Mailing Address	2a. Mailing Address			4. FEI Number Applie			
21 92 HANGAR WAY		26 1860 OLD TOMORA RD.W.			59-3036632	Not Applicable			,
Suite, Apt. #, etc.		Suite Apt. #, etc.				[] \$I	8.75 A	dditional	1
22		27			5. Certificate of Status Desired		Fee Red	quired	
City & State		City & State 28 ORMONO BEACH, FL			B. Election Campaign Financing Trust Fund Contribution	scing \$5.00 May Be Added to Fees			
Zip Country		Zip Country			8. This corporation owes or has				┥
24	25	29 32174	30	· ,	Personal Property Tax due Ju			No	}
64	9. Name and Address of Curren		1001		10. Name and Address of New				1
MO	NACO, HOOD & PERKINS, P.A.		1	81 Name					
444 SEABREEZE BLVD				Street Addr	Name KATHLEEN M. TOMLINSON Street Address (P.O. Box Number is Not Acceptable)				
SUITE 900					OLO TOMOLA RE				
DAYTONA BEACH FL 32118				33					7
			- h	14 City _		705	Zip C	`odo	4
			ľ	" Toem	ono beach	FL 85		174	
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607,1508, Florida State of Florida Such change was tions of Section 607,0505.	ules, the abo authorized torida Statu	ove-named corp by the corporal los	oration submits this statement for the ion's board of directors. I hereby ac	e purpose of char cept the appointm	nging its nent as r	registered registered	7
SIGNATURE		mlinear	KATI	4LEEN /	M. TOMLINSON	#-25-9	18		
12.	OFFICERS AND	<u></u>	13.	ngi ni signarare requir	ADDITIONS/CHANGES TO OF		FCTOR:	S IN 12	٦ \$
TITLE	D	DELETE	1.1 1011	F T	7,00111011070117111020 10 01		Change	Addition	13
NAME	TOMLINSON, NEAL		1.2 NAN	IE }					1
STREET ADDRESS	1860 OLD TOMOKA RD W		13 STR	EET ADDRESS					18
CITY-ST-ZIP	ORMOND BEACH FL		1	'-ST-ZIP					į
TITLE	8	☐ DELETE	2.1 1111				Change	Addition	75
NAME	TOMLINSON, KATHLEEN M		2.2 NAN	1E					
STREET ADDRESS	1860 OLD TOMOKA RD W		2.3 STR	EET ADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL		2. 4 CIT	Y-ST-ZIP					
TITLE		DELETE	3.1 TITL	E			Change	Addition	7
NAME			3.2 NAN	1E					
STREET ADDRESS			3.3 STR	FET ADORESS					
City-St-Zip			3 4 CI1	Y-ST-ZIP					1
TITLE		☐ DEL e te	4.1 TI7L	E			Change	Addition	
NAME			4. 2 NAI	AE					-
STREET ADDRESS			4 3 S1R	EET ADDRESS					1
CITY-ST-ZIP			4.4 City	- ST - ZIP					╛
TITLE		☐ DELETE	5.1 1171	ŧ ļ		LI (Change	Addition	-
NAME			5.2 NAN	16					
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIP				'-ST-ZIP				T	4
TITLE		☐ DELETE	6.1 HTL	l l			Change	Addition	
NAME			6.2 NAN	IE					-
STREET ADDRESS			6.3 STR	EET ADDRESS					
CITY - ST - ZIP			6.4 CITY	'-ST-ZIP					1

14. Thereby 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. (404)