FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S09847** **(2)**

1. Corporation Name
INTERSTATE AVIAN, INC.

Principal Place of Business
3143 OLD EDWARDS RD
FT. PIERCE FL 34981

Mailing Address
3143 OLD EDWARDS RD
FT. PIERCE FL 34981

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **10/31/1990**
3a. Date of Last Report: **08/11/1995**
4. FEI Number: **65-0237664** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
Ronald LeClair
3143 Old Edwards Rd
Fort Pierce Fla 34981

10. Name and Address of New Registered Agent
81 Name: Ronald LeClair
82 Street Address (P.O. Box Number is Not Acceptable): 3143 Old Edwards Rd
83
84 City: Fort Pierce FL 85 Zip Code: 34981

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: Ronald LeClair Ronald LeClair 4-25-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	LECLAIR, RONALD	
STREET ADDRESS	3143 OLD EDWARDS ROAD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	STD	☐ DELETE
NAME	ARNOLD, EDWIN B.	
STREET ADDRESS	355 S. OCEAN DRIVE P-804	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	☐ DELETE
NAME	ARNOLD, LIGIA M.	
STREET ADDRESS	355 S. OCEAN DRIVE, P-804	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	☐ DELETE
NAME	LECLAIR, KATHY	
STREET ADDRESS	3143 OLD EDWARDS ROAD	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Ronald LeClair 4-25-96 407-468-2370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)