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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham



	1997	DIVISION OF CO		97 APR 3	0 AM 10: 46
DOCUMENT # \$50030 (3) D-BAR-D AVIATION, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal P-acc	e of Business	Mailing Address			31816 01811 01011 BIBIT 91916 31811 1891
3226 CAPITAL CIR S.W. 3226 CAPITAL CIR S.W. TALLAHASSEE FL 32310 TALLAHASSEE FL 323108723			23		
				3. Date Incorporated or Qualified	3s. Date of Last Report
				05/06/1991	05/01/1996
kanana '	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	#, etc.	Suite, Apt, #, etc.		59-3066983	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for i	ntangible tay under s. 199.032,
24	9. Name and Address of Curren		30	Florida Statutes 10. Name and Address of New Re-	Yes No
CUF	RASL, J.B.	t to Broton or Figure	81 Name	19, relite and powership of teach the	
ACCO CARITAL CIRCLE CAN				dress (P.O. Box Number is Not Acceptab	le)
TALLAHASSEE FL 32310				·	
ĺ					
<u> </u>			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607,050 egistered agent or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was at	s, the above-named co utnorized by the corpor	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
1	mitam liar with, and accept the obliga	ations of Section 607.0505, Flor	rida Statutes.	, ,	
SIGNATURE	Standare, typed or puniting name of registered age	est and title it applicable. (NOTE	Registered Agent signature req		DATE
12.	OFFICERS ANI	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
NAME	HARPER, WILLIAM H		1.2 NAME	8000021	— , — ₁₃
STREET ADDRESS	3226 CAPITAL CIRLCE S.W.		1.3 STREET ADDRESS	-05/06/	681988 97-0116-016
C-IY-S1 ZIP	TALLAHASSEE FL 32310	DELETE	1.4 CITY-ST-ZIP	****16	5.00 ****165.00 }
TITLE NAME	D Ledson, Richard L	☐ DELETE	2.1 TITLE 2.2 NAME	•	Change Addition C
STREET ADDRESS	3226 CAPITAL CIRCLE S.W.		23 STREET ADDRESS		
CHY-SI-7iP	TALLAHASSEE FL 32310		2.4 CITY-ST-ZIP		
1011		DELETE	3.1 TITLE	D 18 Cu all	☐ Change
NAMI:			3.2 NAME	J.B. CURAL (3240 CAPARI TALLAHASTA,)	Circle S.W.
STREET ADDRESS OFTY-SU-Zip			3.3 STREET ADDRESS 3.4. City~St-Zip	Tallahaste ;	PC 323/D
1516		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME ·		{
STREET ADORESS	l		4.3 STREET ADDRESS		
CHY-ST Zer Taluf	of the garage and the Property of the State	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		house and the second	5.2 NAME		The state of the s
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-S1-7IP		T nevere	5.4 CHTY-ST-ZIP		0
THE		DELETE	6.1 TITLE 6.2 NAME	M IIIA	Change Addition
NAME STREET ADORESS			6.3 STREET ADDRESS	a. wan	12/10
CHT-SI-ZIP	1		6 4 City - St - ZiP	·` Ul	3019 <i>1</i> 1
1.4 Lele tresent	iv cartify that the information sumplies	d with this filing doos and walifu		ed in Section 119 07(3Vi) Florida Statuth	a I further certify that the

I do nereby certify that the information supplied with this timing goes rectuality for the exemption stated in Section 119.07(3)(). Florida Statutos. I furger certify that the information indicated on this annual report or supplemental entitual 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 rejector or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or only attachment with an address.

SIGNATURE:

AEQUIRED