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 # **S77169** **(8)**

1. Corporation Name
EVERGLADES AEROBATICS, INC.

Principal Place of Business
2095 EAST TAMIAMI TRAIL
NAPLES FL 33962-4636

Mailing Address
2095 EAST TAMIAMI TRAIL
NAPLES FL 33962-4636

3. Date Incorporated or Qualified: **08/29/1991**
3a. Date of Last Report: **06/05/1995**

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0296921** 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

LOMBARDO, J. CHRISTOPHER
801 LAUREL OAK DRIVE
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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. The Street address of its registered office and the name of its registered agent as currently recorded with the Florida Department of State are identical to those shown in Block 1 and 9 of this report. The corporation's board of directors hereby accepts the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	THALHEIMER, BRUCE
STREET ADDRESS	4849 BERKELEY DRIVE
CITY ST ZIP	NAPLES FL
TITLE	TD
NAME	THALHEIMER, BRUCE
STREET ADDRESS	4849 BERKELEY DRIVE
CITY ST ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this form 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 of the report or is added by attachment with an address.

SIGNATURE: Bruce Thalheimer 2/26/96 Bruce Thalheimer (941) 261-8422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #