SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 20 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V02479** **(6)**

1. Corporation Name
STAR AVIATION, INC.

Principal Place of Business	Mailing Address
16100 FAIRCHILD DRIVE E 201 CLEARWATYER FL 34622 US	16100 FAIRCHILD DR E 201 CLEARWATER FL 34622 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1991
3a. Date of Last Report: 08/05/1994

2. Principal Place of Business	2a. Mailing Address
21 4 Pine Vista Drive	26 4 Pine Vista Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Largo, FL	28 City & State: Largo, FL
24 Zip: 34640 25 Country: USA	29 Zip: 34640 30 Country: USA

4. FEI Number: 59-3099823 ☐ 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

CRITHFIELD, DUANE J.
16100 FAIRCHILD DRIVE
E 201
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name: Harold M Tobin
82 Street Address (P.O. Box Number is Not Acceptable): 4 Pine Vista Drive
83
84 City: Largo FL 85 Zip Code: 34640

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: X Harold M. Tobin 7/13/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPTS	1.1 TITLE	DPTS	☒ Change ☐ Addition
NAME	CRITHFIELD, DUANE J.	1.2 NAME	Tobin, Harold M	
STREET ADDRESS	1000 118TH AVE., NORTH	1.3 STREET ADDRESS	4 Pine Vista Drive	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Largo, FL 34640	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 added by an attachment with an address.

SIGNATURE: X Harold M. Tobin X 7/13/95 X (813) 586-2817
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Date) (Daytime Phone #)

01150444 CP