**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

APPROVED AND FILED

'94 JUL 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
REDWOOD AVIATION, INC.

DOCUMENT # V16883 (3)

Mailing Address
8191 COLLEGE PKWY STE #302
FT. MYERS FL 33919

Principal Place of Business
8191 COLLEGE PKWY STE #302
FT. MYERS FL 33919

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1992
3a. Date of Last Report: 05/01/1993

2. Mailing Address (21)
2a. Principal Place of Business (26)
4. FEI Number: 65-0262313 — Applied For — Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

City & State (23)
City & State (28)
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

CARUSO, TODD A.
8191 COLLEGE PARKWAY STE #302
FT. MYERS FL 33919

**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 Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| 11 TITLE | P/D | 11 TITLE |
| 12 NAME | ALFORD BARON HAMER OF | 12 NAME |
| 13 STREET ADDRESS | 15820 SILVERADO CT | 13 STREET ADDRESS |
| 14 CITY-ST-ZIP | FT MYERS FL 33901 | 14 CITY ST ZIP |
| 21 TITLE | V/S/T | 21 TITLE |
| 22 NAME | ALFORD BARONESS HAMER | 22 NAME |
| 23 STREET ADDRESS | 15820 SILVERADO CT | 23 STREET ADDRESS |
| 24 CITY-ST-ZIP | FT MYERS FL 33901 | 24 CITY ST ZIP |
| 31 TITLE | | 31 TITLE |
| 32 NAME | | 32 NAME |
| 33 STREET ADDRESS | | 33 STREET ADDRESS |
| 34 CITY-ST-ZIP | | 34 CITY ST ZIP |
| 41 TITLE | | 41 TITLE |
| 42 NAME | | 42 NAME |
| 43 STREET ADDRESS | | 43 STREET ADDRESS |
| 44 CITY-ST-ZIP | | 44 CITY ST ZIP |
| 51 TITLE | | 51 TITLE |
| 52 NAME | | 52 NAME |
| 53 STREET ADDRESS | | 53 STREET ADDRESS |
| 54 CITY-ST-ZIP | | 54 CITY ST ZIP |
| 61 TITLE | | 61 TITLE |
| 62 NAME | | 62 NAME |
| 63 STREET ADDRESS | | 63 STREET ADDRESS |
| 64 CITY-ST-ZIP | | 64 CITY ST ZIP |

BH

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 exonerate the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 11 or Block 13 with an address with an address.

SIGNATURE: _____ JULY 11th 1994 (813)481 7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
BARON HAMER OF ALFORD