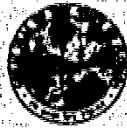


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54187

(2)

1. Corporation Name

FLIGHT SCIENCES INCORPORATED

Principal Place of Business

2150 GOODLETTE RD
STE 200
NAPLES FL 33940

Mailing Address

2033 MAIN STREET
400
SARASOTA FL 34236
US

95 APR 27 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/30/1992

3a. Date of Last Report

04/05/1994

4. FEI Number

65-0349019

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

2. Principal Place of Business

21

2a. Mailing Address

26

1800 2ND ST

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

Suite 830

City & State

23

City & State

28

SARASOTA, FL

Zip

24

Country

25

Zip

29

34236

Country

30

9. Name and Address of Current Registered Agent

CULLEN, JAMES
4501 N. TAMiami TR
SUITE 420
NAPLES FL 33940

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, 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
CHENEY, STEPHEN L
2232 BROOKFIELD DR
LAWRENCEVILLE GA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
CALLAGHAN, ROBERT EDWYN
2033 MAIN ST STE 500
SARASOTA FL 34237

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
DENNIS B. SCHROEDER
2150 GOODLETTE RD STE 200
NAPLES FL 33940

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
RICHARD HOLMAN
2150 GOODLETTE RD STE 200
NAPLES FL 33940

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☒ Change ☐ Addition

9135 MAINSAIL DRIVE
GAINESVILLE, GA 30606

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

1800 2ND ST, STE 830
SARASOTA, FL 34236

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

907-6822