FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54187 (2)

1. Corporation Name
FLIGHT SCIENCES INCORPORATED

Principal Place of Business	Mailing Address
2150 GOODLETTE RD STE 200 NAPLES FL 33940	~~2033 MAIN STREET~~ ~~500~~ SARASOTA FL ~~34240~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1992
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26 1800 2ND ST	65-0349019	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 830	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 SARASOTA, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 34236 / 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☒ Change ☐ Addition
NAME	CHENEY, STEPHEN L	1.2 NAME	
STREET ADDRESS	2232 BROOKFIELD DR	1.3 STREET ADDRESS	9135 MAINSAIL DRIVE
CITY-ST-ZIP	LAWRENCEVILLE GA	1.4 CITY-ST-ZIP	GAINESVILLE, GA 30506
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	CALLAGHAN, ROBERT EDWYN	2.2 NAME	
STREET ADDRESS	2033 MAIN ST STE 500	2.3 STREET ADDRESS	1800 2ND ST, STE 830
CITY-ST-ZIP	SARASOTA FL 34237	2.4 CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	DENNIS B. SCHROEDER	3.2 NAME	
STREET ADDRESS	2150 GOODETTE RD STE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	RICHARD HOLMAN	4.2 NAME	
STREET ADDRESS	2150 GOODLETTE RD STE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	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	

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 on an attachment with an address.

SIGNATURE _____ 4/21/95 Date 957-6822 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0943514 CP