

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V61153

1. Corporation Name

WALKWITZ AVIATION, INC.

WALKWITZ, INC.
(Filed Jan 22, 1999)

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90195 048 ***150.00



Principal Place of Business

480 N. WILLIAMS AVENUE
TITUSVILLE FL 32796

Mailing Address

480 N. WILLIAMS AVENUE
TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1992

4. FEI Number

59-3146187

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 2751 SE 150 AVE

27 Suite, Apt. #, etc.

28 MORRISTON, FL

29 Zip

Country

32668

30

LEVY

9. Name and Address of Current Registered Agent

WALKWITZ, RAYMOND D.
480 N. WILLIAMS AVENUE
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name

ROGER WALKWITZ

82 Street Address (P.O. Box Number is Not Acceptable)

2751 SE 150 AVE

83

84 City

MORRISTON

FL

85

Zip Code

32668

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

Roger W. Walkwitz
Signature, typed or printed name of registered agent and applicable.

Roger W. Walkwitz President 2/22/99
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
WALKWITZ, RAYMOND D
480 N. WILLIAMS AVENUE
TITUSVILLE FL 32796

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P.T.
ROGER WALKWITZ
2751 SE 150 AVE
MORRISTON, FL 32668

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
P.S.
RON WALKWITZ
2751 SE 150 AVE
MORRISTON, FL 32668

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Roger W. Walkwitz President 2/22/99 (352) 528-2240*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)