

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN -9 AM 9:42

DOCUMENT # V62690**(5)****1. Corporation Name
COLLUM AVIATION, INC.****Principal Place of Business****5587 FOXFIRE ROAD
MILTON FL 32570****Mailing Address****5587 FOXFIRE ROAD
MILTON FL 32570**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/08/1992**3a. Date of Last Report**
03/24/1994**4. FEI Number**
59-3146202**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** Suite, Apt. #, etc.**2a. Mailing Address****26** Suite, Apt. #, etc.**23** City & State**28** City & State**24** Zip**25** Country**29** Zip**30** Country**9. Name and Address of Current Registered Agent****COLLUM, ARCHIE LEE JR
5587 FOXFIRE ROAD
MILTON FL 32570****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 607.1506, 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 the filer, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS**TITLE** **PSTD**
NAME **COLLUM, ARCHIE LEE JR**
STREET ADDRESS **5587 FOXFIRE RD**
CITY - ST - ZIP **MILTON FL 32570-7708****TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE**
NAME
STREET ADDRESS
CITY - ST - ZIP**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** ☐ Change ☐ Addition**12** **NAME****13** **STREET ADDRESS****14** **CITY - ST - ZIP****2** **1** **TITLE** ☐ Change ☐ Addition**22** **NAME****23** **STREET ADDRESS****24** **CITY - ST - ZIP****3** **1** **TITLE** ☐ Change ☐ Addition**32** **NAME****33** **STREET ADDRESS****34** **CITY - ST - ZIP****4** **1** **TITLE** ☐ Change ☐ Addition**42** **NAME****43** **STREET ADDRESS****44** **CITY - ST - ZIP****5** **1** **TITLE** ☐ Change ☐ Addition**52** **NAME****53** **STREET ADDRESS****54** **CITY - ST - ZIP****6** **1** **TITLE** ☐ Change ☐ Addition**62** **NAME****63** **STREET ADDRESS****64** **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 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 OFFICIAL OR DIRECTOR

ARCHIE LEE COLLUM JR PRES

6-01-95

904-626-8526