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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V62690 (5) COLLUM AVIATION, INC. Principal Place of Business Mailing Address 5587 FOXFIRE ROAD 5587 FOXFIRE ROAD MILTON FL 32570 MILTON FL 32570 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1992 4. FFI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3146202 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Zic Country Zip Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLLUM, ARCHIE LEE JR 5587 FOXFIRE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) MILTON FL 32570 83 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition PSTD DELETÉ 1.1 TITLE TITLE COLLUM, ARCHIE LEE JR 1.2 NAME **CR2E034** 5587 FOXFIRE RD 1.3 STREET ADDRESS STREET ADDRESS MILTON FL 32570-7706 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition ☐ DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

1-05-98

14. 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.

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