

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

FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V63743** (1)

1. Corporation Name  
**SOUTHEAST AVIATION SERVICES, INC.**

Principal Place of Business <b>P.O. BOX 5741 TITUSVILLE FL 32783</b>	Mailing Address <b>P.O. BOX 5741 TITUSVILLE FL 32783-5741</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/11/1992</b>	3a. Date of Last Report <b>04/26/1996</b>
21		26		4. FEI Number <b>59-3145980</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23	Zip	Country	28	Zip	Country
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HUDDLESTON, DAVID A. 4330 SUGAR MAPLE COURT TITUSVILLE FL 32780</b>				81 Name	<b>James A. McMillan</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>4415 Westlake Dr.</b>		
				83			
				84 City	<b>Titusville</b>	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: **James A. McMillan** (NOTE: Registered Agent signature required when reinstating) DATE: **4-14-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDDLESTON, DAVID A</b>		1.2 NAME				
STREET ADDRESS	<b>4330 SUGAR MAPLE COURT</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TITUSVILLE FL</b>		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOMINICK, SPERO</b>		2.2 NAME				
STREET ADDRESS	<b>746 RENEGADE LANE</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>PORT ORANGE FL</b>		2.4 CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMILLAN, JAMES A</b>		3.2 NAME				
STREET ADDRESS	<b>4415 WESTLANE DRIVE</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>TITUSVILLE FL</b>		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	<b>Brenda B. McMillan</b>			
STREET ADDRESS			4.3 STREET ADDRESS	<b>4415 Westlake Dr.</b>			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>Titusville, FL 32780</b>			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **James A. McMillan** (Signature and Typed or Printed Name of Signing Officer or Director) DATE: **4-14-97** TELEPHONE: **1-407-383-1293**

CR2E034 (9/96)