

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22939

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC2335412888**

**Entity Name:** DMJM AVIATION, INC.

**Current Principal Place of Business:**

2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
TAMPA, FL 33607

**Current Mailing Address:**

2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
TAMPA, FL 33607 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WENGLER, FRANK  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

Title TREASURER  
Name DRISCOLL, KEENAN EDWARD  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

Title SENIOR VICE PRESIDENT  
Name CORNISH, KEVIN  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

Title ASSOCIATE VICE PRESIDENT  
Name PANTINA, JIM  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

Title VP  
Name GWIN, HOVEY  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name SMITH, LOREN  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name ORLIN, ROBERT K.  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

Title ASSISTANT SECRETARY  
Name ORLIN, ROBERT K.  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELISE R. GREENSPAN

**SECRETARY**

**04/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name GREENSPAN, ELISE R.  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name SMITH, LOREN  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

Title VP  
Name GLOWACKI, JOE  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607

Title VP  
Name BROWN, DAVE  
Address 2202 N. WEST SHORE BOULEVARD.  
SUITE 455  
City-State-Zip: TAMPA FL 33607