	l entity submits this statement for the purpose of changing it : CYNTHIA A MOLINE			03/21/2017
SIGNATORE				
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	VP	Title	SEC./TREAS.	
Name	PORTO, CURRAN K	Name	MOLINE, CYNTHIA A.	
Address	2803 SAFE HARBOR DRIVE	Address	2803 SAFE HARBOR DR.	
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	TAMPA FL 33618	
Title	Ρ			
Name	MOLINE, WILLIAM P			
Address	2803 SAFE HARBOR DR.			
City-State-Zip:	TAMP FL 33618			

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. SIGNATURE: WILLIAM P. MOLINE

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

Electronic Signature of Signing Officer/Director Detail

# Entity Name: C182M AVIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

2803 SAFE HARBOR DRIVE TAMPA, FL 33618

#### **Current Mailing Address:**

2803 SAFE HARBOR DRIVE TAMPA, FL 33618 US

### FEI Number: 59-3624851

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

MOLINE, CYNTHIA A 2803 SAFE HARBOR DRIVE TAMPA, FL 33618 US

# DOCUMENT# N0100000287

Certificate of Status Desired: No

PRESIDENT

03/21/2017

FILED Mar 21, 2017 Secretary of State CC6567792038

Date