

**Ownership Declaration and Sales and Use Tax Report on Aircraft**

Purchaser's Name: GRAYHAWK  
Address: ON EASY STREET  
City, State, ZIP: CHEMUNG, IL 60666  
Telephone Number: SEVERAL  
Florida Sales Tax Number (Registered Dealers Only): N/A

**STATEMENT OF PURCHASER**

The aircraft purchased is a 1996 KRUEGER LANCER AIR 320 bears serial number 143-026-172 and FAA registration number N123EX. Total amount paid for this aircraft was \$UNKNOWN and a lien in the amount of \$-0- is held by: N/A

The aircraft described herein was purchased from VARIOUS, KIT BUILT  
(name of seller)

Delivery of this aircraft was taken at CHEMUNG IL 60666 and arrived in Florida on X/1/2  
(address) (city) (state) (zip) (date)

Total purchase price .....	\$ <u>UNKNOWN</u>
Less: trade-in .....	( <u>-0-</u> )
Net purchase price .....	<u>UNKNOWN</u>
Florida sales tax due at 6% .....	
Florida discretionary surtax .....	
Penalty .....	
Interest .....	
Sub-total .....	\$
Less credit for tax paid in another state* .....	( <u>UNKNOWN</u> )
TOTAL DUE	\$ <u>-0-</u>

(From 1993)

\*You must include a copy of the Bill of Sale which shows the correct purchase price (not the F.A.A. Bill of Sale) even if no tax is due. Please make your check payable to the Florida Department of Revenue.

The plane is presently located at BUZZ'M ROCKFORD IL 66600  
(FBO) (city) (state) (zip)  
and its permanent FBO/tie-down location is BUZZ'M SAME  
(city) (state) (zip)

The aircraft was bought for the following purpose(s) PERSONAL EDUCATION & RECREATION

This purchaser also owns -0- other aircraft and they have the following FAA registration numbers: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF LAKE LAND

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_  
(Day of Month) (Month) (Year)

(Signature of Purchaser/Affiant)

(Signature of Notary)

Personally Known \_\_\_\_\_  
Or Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Print, Type or Stamp Name of Notary

THIS DOCUMENT MUST BE RETURNED TO THE DEPARTMENT OF REVENUE WITHIN 15 DAYS FROM THE RECEIPT OF THIS NOTICE OR THE DATE OF PURCHASE.

PLEASE MAIL TO: DEPARTMENT OF REVENUE, COMPLIANCE ENFORCEMENT, PO BOX 6417, TALLAHASSEE, FL 32314-6417.