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**APPROVED AND FILED**

**95 APR 25 AM 9:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Merham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # J67557 (5)**  
1. Corporation Name  
**CENTRAL FLORIDA AIR MAINT., INC.**

Principal Place of Business      Mailing Address  
**1682 HANGAR ROAD      1682 HANGAR ROAD  
SANFORD FL 32773      SANFORD FL 32773  
US      US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/20/1987      04/20/1994**

4. FEI Number      Applied For  
**59-2840863      Not Applicable**

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip      Country      30. Country

9. Name and Address of Current Registered Agent

**BINFORD, TOM A.  
425 LONGWOOD-OVIEDO RD  
HWY 434  
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City      85. Zip Code

**FL**

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      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE      P  
NAME      **KNIGHT, DAVID J.**  
STREET ADDRESS      **1899 PELL ROAD**  
CITY-ST-ZIP      **OSTEEN FL**

TITLE      V  
NAME      **THOMAS, ED**  
STREET ADDRESS      **880 E. HWY.434**  
CITY-ST-ZIP      **LONGWOOD FL**

TITLE      D  
NAME      **THOMAS, VIRGIL**  
STREET ADDRESS      **1420 SANLANDO COMM.CTR.**  
CITY-ST-ZIP      **ALTAMONTE SPGS. FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE       Change       Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *David Knight*      **David Knight, Pres. 4/21/95 407-322-6394**

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      (Optional) Phone #