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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K99316** (7)
1. Corporation Name
ATLANTIC JET CENTER, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
SPENCE J. EDWARDS
6534 CHRISTOPHER POINT ROAD WEST
JACKSONVILLE FL 32217-2361

3. Date Incorporated or Qualified 3a. Date of Last Report
06/29/1989 **03/11/1994**

2. Principal Place of Business 2a. Mailing Address
21 **1401 General Aviation** 26 **1401 General Aviation**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
59-2976949 Not Applicable

22 27
City & State City & State
Melbourne, FL **Melbourne, FL**

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

23 28
Zip Country Zip Country
32935 **USA** **32935** **USA**

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

8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
EDWARDS, SPENCE J
6534 CHRISTOPHER POINT ROAD WEST
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	EDWARDS, SPENCE J
STREET ADDRESS	6534 CHRISTOPHER PT RD W
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	RADCLIFFE, WILLIAM R.
STREET ADDRESS	1702 ATLANTIC STR #1D
CITY - ST - ZIP	MELBOURNE BCH FL
TITLE	D
NAME	HILLER, WESLEY T.
STREET ADDRESS	6126 GALLEON WAY
CITY - ST - ZIP	TAMPA FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 appropriate, or on an attachment with an address.

SIGNATURE: *William R. Radcliffe*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
William R. Radcliffe

April 14, 1995 (407)255-7111