

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # M07982 (5)
1. Corporation Name
CRAIG AIR CENTER, INC.

Principal Place of Business Mailing Address
855-14 ST. JOHNS BLUFF ROAD JACKSONVILLE FL 32225
855-14 ST. JOHNS BLUFF ROAD JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1984** 3a. Date of Last Report **04/04/1994**
4. FBI Number **59-2480416** Applied For ☐ 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 Country 28 Zip Country
24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VITO, JOHN T.
855-14 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **VITO, JAMES B.**
STREET ADDRESS **855 ST. JOHNS BLUFF RD.**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **STD**
NAME **VITO, JOHN T.**
STREET ADDRESS **855 ST. JOHNS BLUFF RD.**
CITY-ST-ZIP **JACKSONVILLE FL**
TITLE **ST**
NAME **MORRIS, HARRIETT E.**
STREET ADDRESS **855-14 ST. JOHNS BLUFF RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE **PRESIDENT /DIRECTOR** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE **SEC/TREAS** ☐ Change ☒ Addition
3.2 NAME **MORRIS, HARRIETT E.**
3.3 STREET ADDRESS **855-14 ST. JOHNS BLUFF RD.**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32225**
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)(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 changed, or on an attachment with an address.

SIGNATURE:

JOHN T. VITO, PRESIDENT

4/14/95

904-641-0542

DATE

Daytime Phone #