

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P95000034165 (7)**  
1. Corporation Name  
**ABLE JETS INCORPORATED**



Principal Place of Business: **3100 AIRMANS DRIVE FORT PIERCE FL 34946**  
Mailing Address: **PO BOX 3689 FORT PIERCE FL 34946-3689**

3. Date Incorporated or Qualified: **05/02/1995**  
3a. Date of Last Report: **04/09/1996**  
4. FEI Number: **65-0595432**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**BURDSALL, GARY  
420 SOPWITH DRIVE  
VERO BEACH FL 32968**

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: \_\_\_\_\_  
Say what is typed or printed name of a registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BURDSALL, GARY L	
STREET ADDRESS	P.O. BOX 3689 N/A	
CITY-ST-ZIP	FORT PIERCE FL 34948	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PRICE, ERIC	
STREET ADDRESS	8004 WINTER GARDEN PKWY	
CITY-ST-ZIP	FT PIERCE FL 32951	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	HOEHN, JAMES K	
STREET ADDRESS	6981 NW HARTNEY WAY	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	TIEDEMANN, JOHN	
STREET ADDRESS	7508 ROBERTS ROAD	
CITY-ST-ZIP	FT PIERCE FL 32951	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TIEDEMANN, SUSAN	
STREET ADDRESS	7508 ROBERTS ROAD	
CITY-ST-ZIP	FT PIERCE FL 32951	
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP/T
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AVP/S
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **GARY L. BURDSALL** 01-22-97 561-465-0893  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)