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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90275 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000103849

1. Corporation Name
 AIRKAMAN OF JACKSONVILLE, INC.



Principal Place of Business: 14700 YONGE DRIVE JACKSONVILLE FL 32218
 Mailing Address: P.O. BOX 18157 JACKSONVILLE FL 32229 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1996

4. FEI Number: 59-3416502 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25

2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

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: DT	<input type="checkbox"/> DELETE	1.1 TITLE: C/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KAMAN, C. WILLIAM II		1.2 NAME: Kaman, C. William II	
STREET ADDRESS: 221 NEWGATE ROAD		1.3 STREET ADDRESS: 14700 Yonge Dr.	
CITY-ST-ZIP: EAST GRANBY CT		1.4 CITY-ST-ZIP: Jacksonville, FL 32229	
TITLE: DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RICH, MALCOLM L		2.2 NAME:	
STREET ADDRESS: 14700 YONGE DRIVE		2.3 STREET ADDRESS:	
CITY-ST-ZIP: JACKSONVILLE FL		2.4 CITY-ST-ZIP:	
TITLE: DS	<input type="checkbox"/> DELETE	3.1 TITLE: D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KAMAN, LORAIN M		3.2 NAME: Kaman, Loraine M	
STREET ADDRESS: 221 NEWGATE ROAD		3.3 STREET ADDRESS: 14700 Yonge Dr.	
CITY-ST-ZIP: EAST GRANBY CT		3.4 CITY-ST-ZIP: Jacksonville, FL 32229	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: James V. Agonis	
STREET ADDRESS:		4.3 STREET ADDRESS: 14700 Yonge Dr.	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP: Jacksonville, FL 32229	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I 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, with all other like empowered.

SIGNATURE: *William Kaman II* C. William Kaman II, 3-2-99 904-741-2201
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)