

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2: 27

DOCUMENT # S02066

(6)

1. Corporation Name

FLIGHTLEASE USA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 3256 CAPITAL CIRCLE S.W. TALLAHASSEE FL 32310		Mailing Address 3256 CAPITAL CIRCLE S.W. TALLAHASSEE FL 32310	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip		25 Country	
29 Zip		30 Country	
3. Date Incorporated or Qualified 09/25/1990		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-3027816		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	
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

LANGSTON, PAUL M.
3256 CAPITAL CIRCLE S.W.
TALLAHASSEE FL 32310

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

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	P	1.1 TITLE	☐ Change ☒ Addition
NAME	LANGSTON, PAUL M	1.2 NAME	
STREET ADDRESS	4533 ANDREW JACKSON WAY	1.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL	1.4 CITY- ST- ZIP	32303
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	LANGSTON, CHARLES D	2.2 NAME	
STREET ADDRESS	1516 MERRY OAKS CT	2.3 STREET ADDRESS	2986 St. Stevens Dr
CITY- ST- ZIP	TALLAHASSEE FL	2.4 CITY- ST- ZIP	Tallahassee, FL 32312
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 as changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Paul M. Langston, President

Date

1-25-95

Employee Number

904 574-4444