

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90005 030 ****61.25

0079122

DOCUMENT # N26412

1. Corporation Name

108 HANGAR MATES INC.

Principal Place of Business

2 RUE DE LE ROI
C/O JAMES F JANS
FT WALTON BEACH FL 32547
US

Mailing Address

2 RUE DE LE ROI
C/O JAMES F JANS
FT WALTON BEACH FL 32547-1719
US



2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/12/1988

4. FEI Number

59-2900288

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

9. Name and Address of Current Registered Agent

JANSA, JAMES F
2 RUE DE LE ROI
FT WALTON BEACH FL 32547

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD ☐ DELETE

NAME JANSA, JAMES F
STREET ADDRESS 2 RUE DE LE ROI
CITY-ST-ZIP FT WALTON BEACH FL

TITLE VD ☐ DELETE

NAME BRANDON, JR A C
STREET ADDRESS 175 MONAHAN DR NE
CITY-ST-ZIP FT WALTON BEACH FL

TITLE STD ☐ DELETE

NAME MCLEAN, MONTE G
STREET ADDRESS 319 PLYMOUTH AVE
CITY-ST-ZIP FT WALTON BEACH FL

TITLE D ☐ DELETE

NAME MCLEAN, MONTE
STREET ADDRESS 319 PLYMOUTH AVENUE
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99 (850) 862-4834

Date

Daytime Phone #

CR2E037 (11/98)