

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**

96 AUG 26 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 1166795  
1. Corporation Name  
*Florida Aviation Fueling Company, Inc*

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <i>Miami International Airport</i>		26 <i>PO Box 99-6010</i>		<i>10/15/51</i>	<i>4/12/95</i>
22 <i>4720 NW 20 St</i>		27		4. FEI Number	Applied For
23 <i>Miami FL</i>		28 <i>Miami FL</i>		<i>59-0785228</i>	Not Applicable
24 <i>33159</i>		25 <i>U.S.</i>		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29 <i>33299-6010</i>		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<ul style="list-style-type: none"> <li>CT Corporation</li> <li>1200 S. Pine Island Rd.</li> <li>Plantation, FL 33324</li> </ul>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	<i>600001936906</i>		
				84	City		

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	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	<i>VS Emerson, F.G.</i>
STREET ADDRESS		13 STREET ADDRESS	<i>Dial Corporate Center</i>
CITY-ST-ZIP		14 CITY-ST-ZIP	<i>Phoenix AZ</i>
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	<i>Teeets, J.W.</i>
STREET ADDRESS		23 STREET ADDRESS	<i>Dial Corporate Center</i>
CITY-ST-ZIP		24 CITY-ST-ZIP	<i>Phoenix AZ</i>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	<i>Blauch, Maurice, W. II</i>
STREET ADDRESS		33 STREET ADDRESS	<i>8240 NW 52 Terr</i>
CITY-ST-ZIP		34 CITY-ST-ZIP	<i>Miami FL 33166</i>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	<i>Stauffer, Lloyd M.</i>
STREET ADDRESS		43 STREET ADDRESS	<i>8240 NW 52 Terr</i>
CITY-ST-ZIP		44 CITY-ST-ZIP	<i>Miami FL 33166</i>
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<i>Nelson, Ronald G.</i>
STREET ADDRESS		53 STREET ADDRESS	<i>Dial Corporate Center</i>
CITY-ST-ZIP		54 CITY-ST-ZIP	<i>Phoenix AZ</i>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<i>Pettit Jr., David P.</i>
STREET ADDRESS		63 STREET ADDRESS	<i>8240 NW 52 Terr</i>
CITY-ST-ZIP		64 CITY-ST-ZIP	<i>Miami FL</i>

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed or on an addition with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (3/96)