

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 291902 (5)

1. Corporation Name  
S & S AIRCRAFT SERVICE INC



Principal Place of Business

~~P.O. BOX 1196~~  
PLANT CITY FL 33564-8106

Mailing Address

~~P.O. BOX 1196~~  
PLANT CITY FL 33564-8106

3. Date Incorporated or Qualified  
04/14/1965

3a. Date of Last Report  
07/24/1995

2. Principal Place of Business

21 P.O. BOX 5656

2a. Mailing Address

26 P.O. BOX 5656

4. FFI Number  
59-1112358

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 LAKELAND, FL

City & State

28 LAKELAND, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

24 33807

Country

25 USA

Zip

29 33807

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEEHAN, WM T

~~2877 HAMMOCK DR.~~

~~PLANT CITY FL 33567~~

81 Name

MEEHAN, WM T.

82 Street Address (P.O. Box Number is Not Acceptable)

3107 STONEWATER DR

83

84 City

LAKELAND,

FL

85 Zip Code

33803

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 the date of change.

(NOTE: Registered Agent's signature required when changing agent.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
MEEHAN, WM T  
~~2877 HAMMOCK DR.~~  
~~PLANT CITY FL~~

CITY - ST - ZIP

VP

TITLE ☐ DELETE

NAME  
MEEHAN, WM J  
6840 E. TROPICAL WAY

FT LAUDERDALE FL

CITY - ST - ZIP

ST

NAME  
MEEHAN, BETTY R.  
6840 E TROPICAL WAY

FT. LAUDERDALE FL

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

NAME  
MEEHAN, WM T.  
3107 STONEWATER DR.  
LAKELAND, FL 33803

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY - ST - ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wm T. Meehan, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WM T MEEHAN

4/30/96 (441)648-0677

Date

Telephone Number

CR2E034 (12/95)