COF	PROFIT RPORATION JAL REPORT	FTER MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED May 04, 1999 8:00 am Secretary of State	
DOCU 1. Corporation	1999 MENT # 338197 ITY AVIATION, INC.				33 ***150.00
Principal Place of Business Mailing Address 225 WATER ST. SUITE #1600 225 WATER ST. SUITE #1600 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/26/1968	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1258520	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip 24	Country	28 Zip 29 3	Country	8. This corporation owes the current year Personal Property Tax.	
	9. Name and Address of Current		81 Name	10. Name and Address of New Register	ed Agent
BARI JACI 11. Pursuant office or r agent. I a	E 3100, 50 N LAURA NETT CENTER KSONVILLE FL 32202 to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auti	83 84 City the above-named corporation	ress (P.O. Box Number is Not Acceptable)	of changing its registered
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signature require		ĝ
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
NAME STREET ADDRESS	SCHRAMM, BERNARD C., JR. 225 WATER ST., #1600		1.2 NAME 1.3 STREET ADDRESS		0E034
CITY-ST-ZIP TITLE	JACKSONVILLE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME STREET ADDRESS	SCHNEIDER, AL L. 50 N LAURA ST., #3100		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME STREET ADDRESS	BRANT, WILLIAM P. 50 N LAURA ST., #3100		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY- ST- ZIP 4.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS	EDDINGS, J, CARSON		4.7 MLE 4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE 5.2 NAME		Change Caddition
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	ļ		5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I heraby of indicated officer or	certify that the information supplied with on this annual report or supplemental i director of the corporation or the record	n this filing does not qualify for th annual report is true and accura	6.4 CITY-ST-ZIP ne exemption stated in 3 te and that my signature cute this report as requ	Section 119.07(3)(i), Florida Statutes. I further e shall have the same legal effect as if made u ired by Chapter 607, Florida Statutes; and tha	certify that the information inder oath; that I am an t my name appears in
Biock 12	or Block 13 if changed, or or of all attach	mention address with all o	ther like empowered.		353-3911
JUNA	Carson Edg	ARINTED NAVE OF SIGNING OFFICER OF	DIRECTOR	Date	Daytime Phone #