

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **531302** (8)

1. Corporation Name
PENSACOLA AVIATION CENTER, INC.



Principal Place of Business PENSACOLA REGIONAL AIRPORT P.O. BOX 2781 PENSACOLA FL 32513	Mailing Address PENSACOLA REGIONAL AIRPORT P.O. BOX 2781 PENSACOLA FL 32513
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/12/1977

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1731099 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BUSSELL, SALLY C.
25 W. CEDAR STREET
STE. 400
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, J RICHARD, JR		1.2 NAME		
STREET ADDRESS	2882 WHISPER BAY BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, BRUCE D		2.2 NAME		
STREET ADDRESS	1204 MALDONADO DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BCH FL		2.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANZE, SAM		3.2 NAME		
STREET ADDRESS	2350 SUGARTREE AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	VICE PRESIDENT	
STREET ADDRESS			4.3 STREET ADDRESS	KATZ, JEAN B.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	725 FORT DALE RD.	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	SECRETARY	
STREET ADDRESS			5.3 STREET ADDRESS	BENNETT, MARGERY C.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	2882 WHISPER BAY BLVD.	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME	GULF BREEZE, FL 32561	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *J. Richard Bennett*

07/22/98 550-434-0636

CR2E034 (5/98)