

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 531302

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90166 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1977

4. FEI Number

59-1731099

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

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4145 JERRY L. MAYGARDEN RD.

2a. Mailing Address

26 Suite, Apt. #, etc.
27 P. O. BOX 2781

22 Suite, Apt. #, etc.

23 City & State

PENSACOLA, FL

Zip

24 32504

Country

25 ESCAMBIA

City & State

28 PENSACOLA, FL

Zip

29 32513

Country

30 ESCAMBIA

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

82 Street Address (P.O. Box Number is Not Acceptable)
201 E. GOVERNMENT ST.

83

84 City PENSACOLA

FL

85 Zip Code
32501

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

TITLE P ☐ DELETE
NAME BENNETT, J RICHARD, JR
STREET ADDRESS 2882 WHISPER BAY BLVD.
CITY-ST-ZIP GULF BREEZE FL

TITLE VP ☐ DELETE
NAME KATZ, JEAN B
STREET ADDRESS 725 FORT DALE RD
CITY-ST-ZIP GREENVILLE AL 36037

TITLE S ☐ DELETE
NAME BENNETT, MARGERY C
STREET ADDRESS 2882 WHISPER BAY BLVD
CITY-ST-ZIP GULF BREEZE FL 32561

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

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 607, 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:

J. RICHARD BENNETT, JR.

4/19/99

850-434-0636

Date

Daytime Phone #

CR2E034 (11/98)