

**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

DOCUMENT # 611508 (3)

1. Corporation Name

J & M FLYING SERVICE, INC.



Principal Place of Business: **917 PINAR DR ORLANDO FL 32825**
Mailing Address: **917 PINAR DR ORLANDO FL 32825**

3. Date Incorporated or Qualified: **03/02/1979**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **59-1890635**
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: 23
City & State: 28

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: 24
Country: 25
Zip: 29
Country: 30

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

**A.G.C. CO.
200 S ORANGE AVE, 2300 SUN BANK CENTER
ORLANDO FL 32801**

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

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: DELETE
NAME: **DP WHITE, JERRY W**
STREET ADDRESS: **607 PINAR DR**
CITY-ST-ZIP: **ORLANDO, FL 3**

TITLE: DELETE
NAME: **STD PILTZ, MIRIAM**
STREET ADDRESS: **917 PINAR DR**
CITY-ST-ZIP: **ORLANDO, FL 3**

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

TITLE: DELETE

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 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 if changed, or on an attachment with an address.

SIGNATURE: *Miriam Piltz Sec.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96
DATE Daytime Phone #

CR2E034 (3/96)