

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **677445** (9)
1. Corporation Name
SUPERIOR AVIATION, INC.



Principal Place of Business
**6621 SOUTHPOINT DR. N #150
JACKSONVILLE FL 32216**

Mailing Address
**6621 SOUTHPOINT DR. N #150
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
07/02/1980

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2006860

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **6745 PHILLIPS IND. BLVD.**

2a. Mailing Address
26 **6745 PHILLIPS IND. BLVD.**

Suite, Apt. #, etc.
27

City & State
23 **JACKSONVILLE**

City & State
28 **JACKSONVILLE**

Zip
24 **32256**

Country
25 **DUVAL**

Zip
29 **32256**

Country
30 **DUVAL**

9. Name and Address of Current Registered Agent

**SARVADI, GERALD S.
6621 SOUTHPOINT DR. N. #150
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
6745 PHILLIPS IND. BLVD.

83

84 City **JACKSONVILLE** **FL** 85 Zip Code **32256**

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 or director

DATE

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|--------------------|-----------------------------|-----------------------|---------------------------------|
| P | SARVADI, GERALD S. | 6621 SOUTHPOINT DR. N. #150 | JACKSONVILLE FL 32216 | <input type="checkbox"/> |
| S | GIBSON, SIDNEY | 6621 SOUTHPOINT DR. N. #150 | JACKSONVILLE FL 32216 | <input type="checkbox"/> |
| T | BOSKET, VICTOR L | 6621 SOUTHPOINT DR. N. #150 | JACKSONVILLE FL 32216 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-----------|----------|--------------------|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> |

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:

Victoria L Bosket

VICTORIA L BOSKET, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 886-3455

Outside Florida

CR2E034 (12/95)