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CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 821998 (2)

1. Corporation Name
AIRKAMAN OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
JACKSONVILLE INTERNATIONAL AIRPORT JACKSONVILLE FL 32229	1332 BLUE HILLS AVE ATTENTION: G MESSEMER BLOOMFIELD CT 06002 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1968	3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1221845	☐ 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	2a. Mailing Address
21	26 1332 Blue Hills Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Attn: G. Messemer
City & State 23	City & State 28 Bloomfield, CT
Zip 24 / Country 25	Zip 29 06002 / Country 30 U.S.A.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	V	☐ Change ☒ Addition
NAME	KAMAN, CHARLES H.	12 NAME	Mr. Robert M. Garneau	
STREET ADDRESS	PRATTLING POND ROAD	13 STREET ADDRESS	11 Hollister Way N.	
CITY-ST-ZIP	FARMINGTON CT	14 CITY-ST-ZIP	Glastonbury, CT 06033	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	KAMAN, C. WILLIAM II	22 NAME		
STREET ADDRESS	221 NEWGATE RD.	23 STREET ADDRESS		
CITY-ST-ZIP	E. GRANBY CT	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	MESSEMER, GLENN M.	32 NAME		
STREET ADDRESS	BILTMORE PK - BALBRAE	33 STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD CT	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☐ Addition
NAME	RICH, MALCOLM L.	42 NAME		
STREET ADDRESS	956 COPPERRIDGE CT.	43 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 0	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE	D	☒ Change ☐ Addition
NAME	LEVENSON, H S	52 NAME	Mr. Harvey S. Levenson	
STREET ADDRESS	ALICE DRIVE	53 STREET ADDRESS	20 Alice Drive	
CITY-ST-ZIP	BLOOMFIELD CT	54 CITY-ST-ZIP	Bloomfield, CT 06002	
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	DESAUTELLE, WILLIAM P.	62 NAME		
STREET ADDRESS	356 N MAIN ST	63 STREET ADDRESS		
CITY-ST-ZIP	SUFFIELD CT	64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date
Glenn M. Messemer, Secretary

0303607 FP