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 # F06056 (8)

1. Corporation Name
NORTHEAST FLORIDA AIRCRAFT MAINTENANCE, INC.

Principal Place of Business
CRAIG AIRPORT. HANGER NO. 12
855 ST. JOHNS BLUFF RD.
JACKSONVILLE FL 32225-5371

Mailing Address
CRAIG AIRPORT. HANGER NO. 12
855 ST. JOHNS BLUFF RD.
JACKSONVILLE FL 32225-5371

2. Principal Place of Business (21) — Suite, Apt. #, etc (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 11/19/1980
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-2049937 — ☐ 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

9. Name and Address of Current Registered Agent
~~STANFORD, JAY, JEFFREY~~
1855 ST. JOHNS BLUFF ROAD
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent
81 Name: JOHN W. BOTTENSEK
82 Street Address (P.O. Box Number is Not Acceptable): 855 ST. JOHNS BLUFF RD
83
84 City: JACKSONVILLE FL 85 Zip Code: 32225

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: John W Bottensek — DATE: 5-23-96

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	STANFORD, JAY, JEFFREY	
STREET ADDRESS	HANGAR 12 CRAIG FIELD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	~~V~~	☐ DELETE
NAME	BOTTENSEK, JOHN W.	
STREET ADDRESS	HANGER 12 CRAIG FIELD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	☒ Change ☐ Addition
1.2 NAME	JOHN W BOTTENSEK	
1.3 STREET ADDRESS	HANGAR 12, CRAIG FIELD	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
2.1 TITLE	S	☐ Change ☒ Addition
2.2 NAME	JAMES W. NEWMAN	
2.3 STREET ADDRESS	HANGAR 12 CRAIG FIELD	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
3.1 TITLE	T	☐ Change ☒ Addition
3.2 NAME	KEITH ... HARRIS	
3.3 STREET ADDRESS	HANGAR 12, CRAIG FIELD	
3.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
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		

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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: J. Stanford — 1-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #