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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06056  1. Corporation Name  NORTHEAST FLORIDA AIRCRAFT MAINTENANCE, INC.  Principal Place of Business  CRAIG AIRPORT, HANGER NO. 12  855 ST. JOHNS BLUFF RD.  JACKSONVILLE FL 32225-7379  BOCKSONVILLE FL 32225-7309									
						3. Date Incorporated or Qualified 11/19/1980	3a. Date of 05/01		
Principal P	lace of Business	2a.	Mailing Address		<del></del>	4. FEI Number	, 00,0 ,		plied For
South And	Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			59-2049937			ol Applicable
2						5. Certificate of Status Desired	11 7	<b>\$8.75</b> Ad	
City & Stat	е	=3	City & State			6. Election Campaign Financing			May Be
7)p	Country	28	Zip	Countr	у	Trust Fund Contribution  8. This corporation has liability for i			199 032
]	25	29		30		Florida Statutes	Yes 🔲 No	)	100 002,
	9. Name and Address (	of Current Regis	tered Agent		1 34	10. Name and Address of New Re-	glatered Agen	t	
	)TTENSEK, JOHN W			81	1				
855 ST. JOHNS BLUFF RD JACKSONVILLE FL 32225			82 Street Ad		Street Add	lress (P.O. Box Number is Not Acceptab	ole)		
				83	3	<u> </u>			
				B4	City		85	Zip (	Code
							FL (°°	1	
11. Pursuant office or r	to the provisions of Sections egistered agent, or both, in	s 607.0502 and 60 the State of Florid	07.1508, Florida Statut da. Such change was	es, the above	ve-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept		nging it	s registered registered
SIGNATURE	Signature, tyl 4 d or printed name of re	igisterca agent and title	il applicable. (NOT	E: Registered Ag		poration submits this statement for the pation's board of directors. I hereby acception's board of directors. I hereby acceptions applied when reinstating)	purpose of char of the appointm DATE		
SIGNATURE	Signature, tyl 4 d or printed name of re		il applicable. (NOT		jent signature requ		DATE  DATE  DATE		
SIGNATURE	Signature tyled or product frame or in OFFIC  P BOTTENSEK, JOHN	egisterco agent ano title DERS AND DIREC	if applicable. (NOT	E: Registered Ag	gent signature requ	uired when reinstating)	DATE  DATE  DATE	ECTOR	IS IN 12
SIGNATURE I <b>2.</b> HILF HAME	P BOTTENSEK, JOHN HANGAR 12, CRAG	generica agent and title DERS AND DIREC W FIELD	if applicable. (NOT	13. 1.1 TITLE	gent signature requ	uired when reinstating)	DATE  DATE  DATE	ECTOR	IS IN 12
SIGNATURE  12.  1114  NAME  SIRIET ADDRESS  URY STEZIP	P BOTTENSEK, JOHN HANGAR 12, CRAIG JACKSONVILLE FL 3	generica agent and title DERS AND DIREC W FIELD	II applicable (NOT CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	gent signature requirements of the s	uired when reinstating)	purpose of chain the appointment of the properties of the properti	ECTOR Change	IS IN 12
SIGNATURE  12.  THE  HAME  SIBLET ADDRESS  CITY - ST- ZIP  HITE	P BOTTENSEK, JOHN HANGAR 12, CRAIG JACKSONVILLE FL 3	ogisherca agest and title CERS AND DIREC W FIELD 2225	II applicable (NOT CTORS DELETE	E: Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE	gent signature requirements of the s	uired when reinstating)	purpose of chain the appointment of the properties of the properti	ECTOR	IS IN 12
SIGNATURE  2ILE HAME SIREEL ADDRESS LITY - ST- ZIP HILE HAME	P BOTTENSEK, JOHN HANGAR 12, CRAIG JACKSONVILLE FL 3	OGENICA AGENTANO NINEC CERS AND DIREC W FIELD 2225	II applicable (NOT CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	gent signature requirements of the s	uired when reinstating)	purpose of chain the appointment of the properties of the properti	ECTOR Change	IS IN 12
SIGNATURE  12.  THE  PAME  SPRET ADDRESS  JEY-ST-ZIP  THE  FAME  THE I ADDRESS	P BOTTENSEK, JOHN HANGAR 12, CRAIG JACKSONVILLE FL 3 S NEWMAN, JAMES W	OGENERA AGENT AND BIREC DERIS AND DIREC W FIELD 2225	Il applicable. (NOI CTORS  DELETE  DELETE  CKW3	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	gent signature requiet ADDRESS ST-ZIP	uired when reinstating)	DATE  DATE  DATE  DATE  DATE  DATE	ECTOR Change Change	IS IN 12
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SIGNATURE  12.  FILE  SPEEL ADDRESS  SITY STEZIP  THE  FAMIL  STREEL ADDRESS  DITY STEZIP  THE  FAMIL  STREEL ADDRESS  STREEL ADDRESS  STREEL ADDRESS	P BOTTENSEK, JOHN HANGAR 12, CRAIG JACKSONVILLE FL 3 NEWMAN, JAMES W HANGAR 12 CRAIG I JACKSONVILLE FL 3	GERNAND DIRECTOR OF THE CONTROL OF THE CO	If applicable. (NOT DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	gent signature requirements of ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	uired when reinstating)	DATE  DATE  DATE  DATE  DATE  DATE	ECTOR Change Change	S IN 12 Addition Addition
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