

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90076 014 ***150.00

DOCUMENT # F06056

1. Corporation Name

NORTHEAST FLORIDA AIRCRAFT MAINTENANCE, INC.



Principal Place of Business

855 12 ST JOHNS BLUFF RD
HANGAR 12
JAX FL 32225
US

Mailing Address

855-12 ST JOHNS BLUFF RD
CRAIG AIRPORT HANGAR 12
JAX FL 32225
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1980

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

STANFORD, DOUGLAS G ESQ
% LEBOEUF, LAMB, GREENE & MACRAE, LLP
50 N. LAURA STREET., STE 2800
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name BRYAN E. BLACKBURN, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
1921 Dewey Place
83
84 City Jacksonville FL 85 Zip Code 32207

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]
Signature, typed or printed name of registered agent and title if applicable

BRYAN BLACKBURN
(NOTE: Registered Agent signature required when reinstating)

1/4/98
Date

12. OFFICERS AND DIRECTORS

TITLE	PD ST	<input type="checkbox"/> DELETE
NAME	BOTTENSEK, JOHN W	
STREET ADDRESS	855-12 ST JOHNS BLUFF RD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GAFFELL, PAUL K	
STREET ADDRESS	2002 SAN MARCO BLVD, 204	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, WAYNE T JR.	
STREET ADDRESS	2002 SAN MARCO BLVD, STE 204	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] JOHN W. BOTTENSEK / 4-99 904-641-8933
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)