

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 # F94000000549 (5)

1. Corporation Name

FLIGHT MANAGEMENT SYSTEMS, INC.



Principal Place of Business

1102 SHIPWATCH CIRCLE
TAMPA FL 33602
US

Mailing Address

1102 SHIPWATCH CIRCLE
TAMPA FL 33602
US

2. Principal Place of Business

2a. Mailing Address

21 5937 LEE LAND ST S.
Suite, Apt. #, etc.

26 5937 LEE LAND ST S.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 ST PETERSBURG, FL
Zip

28 ST PETERSBURG FL
Zip

24 33715

25 USA

29 33715

30 USA

9. Name and Address of Current Registered Agent

MCKENNA, WILLIAM J JR
1102 SHIPWATCH CIRCLE
TAMPA FL 33602

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

08/04/1995

4. FEI Number

52-1709485

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

10. Name and Address of New Registered Agent

81 Name

MCKENNA, WILLIAM J JR.

82

Street Address (P.O. Box Number is Not Acceptable)

5937 LEE LAND ST S.

83

84 City

ST PETERSBURG

FL

85 Zip Code

33715

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME MCKENNA, WILLIAM J JR
STREET ADDRESS 1102 SHIPWATCH CIRCLE
CITY-STATE-ZIP TAMPA FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MCKENNA, WILLIAM J JR
1.3 STREET ADDRESS 5937 LEE LAND ST S
1.4 CITY-STATE-ZIP ST PETERSBURG FL 33715

TITLE ☐ DELETE

NAME VSTC
STREET ADDRESS 1102 SHIPWATCH CIRCLE
CITY-STATE-ZIP TAMPA FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MCKENNA, SHARON S.
2.3 STREET ADDRESS 5937 LEE LAND ST S.
2.4 CITY-STATE-ZIP ST PETERSBURG FL 33715

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-867-5211

CR2E034 (12/95)