

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003104 (6)

1. Corporation Name

CARGO AIRCRAFT SERVICE, INC.

FILED

95 JAN 25 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 19186
CHARLOTTE NC 28219

Mailing Address

PO BOX 19186
CHARLOTTE NC 28219

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Organized

06/14/1994

3a. Date of Last Report

2. Principal Place of Business

21 P.O. Box 80252

2a. Mailing Address

26 P.O. Box 80252

4. FEI Number

56-1624370

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

RALEIGH, N.C.

28 City & State

RALEIGH, NC

24 Zip

27623

25 Country

USA

29 Zip

27623

30 Country

USA

9. Name and Address of Current Registered Agent

SHEEDY, JOAN
5100 60TH SE V-9
BRADENTON FL 34203

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 607.1608, 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 fee if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

111 CP
NAME FINN, GERALD P
STREET ADDRESS 9611 LEESWOOD LANE
CITY-ST-ZIP MATTHEWS NC 28105

112 S
NAME BARNETT, THOMAS D
STREET ADDRESS 9600 LEESWOOD LANE
CITY-ST-ZIP MATTHEWS NC 28105

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE ☐ Change ☐ Addition

112 NAME

113 STREET ADDRESS

114 CITY-ST-ZIP

211 TITLE ☐ Change ☐ Addition

212 NAME

213 STREET ADDRESS

214 CITY-ST-ZIP

311 TITLE ☐ Change ☐ Addition

312 NAME

313 STREET ADDRESS

314 CITY-ST-ZIP

411 TITLE ☐ Change ☐ Addition

412 NAME

413 STREET ADDRESS

414 CITY-ST-ZIP

511 TITLE ☐ Change ☐ Addition

512 NAME

513 STREET ADDRESS

514 CITY-ST-ZIP

611 TITLE ☐ Change ☐ Addition

612 NAME

613 STREET ADDRESS

614 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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

Gerald P. Finn
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

1-28-95

919-840-9800