

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 # F94000005408 (9)

1. Corporation Name

MERCURY AIR GROUP, INC.



Principal Place of Business

5456 MC CONNELL AVE  
LOS ANGELES CA 90066  
US

Mailing Address

P O BOX 90158  
LOS ANGELES CA 90009  
US

3. Date Incorporated or Qualified  
10/18/1994

3a. Date of Last Report  
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number  
11-1800515

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.1508, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE  
NAME KAHN, SEYMOUR  
STREET ADDRESS 5456 MCCONNELL AVE  
CITY-ST-ZIP LOS ANGELES CA

TITLE D ☐ DELETE  
NAME KOPKO, FREDERICK H JR.  
STREET ADDRESS 5456 MCCONNELL AVE  
CITY-ST-ZIP LOS ANGELES CA

TITLE D ☐ DELETE  
NAME LIST, ROBERT L  
STREET ADDRESS 5456 MCCONNELL AVE  
CITY-ST-ZIP LOS ANGELES CA

TITLE COOD ☐ DELETE  
NAME CZYZYK, JOSEPH A  
STREET ADDRESS 5456 MCCONNELL AVE  
CITY-ST-ZIP LOS ANGELES CA

TITLE ST ☐ DELETE  
NAME AJER, RANDOLPH  
STREET ADDRESS 5456 MCCONNELL AVE  
CITY-ST-ZIP LOS ANGELES CA

TITLE D ☐ DELETE  
NAME FAGAN, PHILIP J  
STREET ADDRESS 5456 MCCONNELL AVE  
CITY-ST-ZIP LOS ANGELES CA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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:

RANDOLPH AJER

1/26/96

(310) 827-2737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)