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FILED

Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 90009-0158
US



3. Date Incorporated or Qualified

10/18/1994

3a. Date of Last Report

02/21/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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

TITLE	CP	<input type="checkbox"/> DELETE
NAME	KAHN, SEYMOUR	
STREET ADDRESS	5456 MCCONNELL AVE	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOPKO, FREDERICK H JR.	
STREET ADDRESS	5456 MCCONNELL AVE	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIST, ROBERT L	
STREET ADDRESS	5456 MCCONNELL AVE	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	COOD	<input type="checkbox"/> DELETE
NAME	CZYZYK, JOSEPH A	
STREET ADDRESS	5456 MCCONNELL AVE	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	AJER, RANDOLPH	
STREET ADDRESS	5456 MCCONNELL AVE	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAGAN, PHILIP J	
STREET ADDRESS	5456 MCCONNELL AVE	
CITY - ST - ZIP	LOS ANGELES CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDOLPH AJER, SECRETARY

1/1/97

(310) 827-2737

Date

Daytime Phone #

CR2E034 (9/96)