

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005832 (0)

1. Corporation Name

AVIATION MANAGEMENT SYSTEMS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 5 PM 3:44

Principal Place of Business

LINCOLN NORTH
LINCOLN MA 01773

Mailing Address

LINCOLN NORTH
LINCOLN MA 01773

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

11/10/1994

4. FEI Number

04-3038804

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 5850 T.G. LEE BLVD

Suite, Apt. #, etc.

22 SUITE 500

City & State

23 ORLANDO, FL

Zip

24 32822

Country

2a. Mailing Address

26 5850 T.G. LEE BLVD

Suite, Apt. #, etc.

27 SUITE 500

City & State

28 ORLANDO, FL

Zip

29 32822

Country

9. Name and Address of Current Registered Agent

SHAFFER, JOHN W
5850 T.G. LEE BLVD.
SUITE 500
ORLANDO FL 32822

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PTD
SHAFFER, JOHN W
251 CATERINA HEIGHTS
CONCORD MA 01742

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

V
SHAFFER, PATRICIA A
251 CATERINA HEIGHTS
CONCORD MA 01742

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

C
MADDEN, JOHN J
46 DEVONSHIRE RD.
WABAN MA 02168

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 voluntary, truthful and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statute. I further certify that the information included on this 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 registered agent; that I am authorized to execute this report as required by Chapter 607, Florida Statute; and that my name appears in Block 12 or Block 13 if changed, or on or after the first day of January.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

John W. Shaffer
President

1/30/95

407-438-9767