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Mar 13 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 # **H23176** **(1)**

1. Corporate Name
FIRST COAST AVIATION, INC.

Principal Place of Business
6800 SOUTHPOINT PKWY.
SUITE 400
JACKSONVILLE FL 32216

Mailing Address
6800 SOUTHPOINT PKWY.
SUITE 400
JACKSONVILLE FL 32216-6298

3. Date Incorporated or Qualified: **09/25/1984**
3a. Date of Last Report: **04/10/1996**

2. Principal Place of Business
21 2970 Hartley Road
Suite, Apt. #, etc.
22 Suite 302
City & State
23 Jacksonville, FL
Zip 24 32257-6245 Country 25

2a. Mailing Address
26 2970 Hartley Road
Suite, Apt. #, etc.
27 Suite 302
City & State
28 Jacksonville, FL
Zip 29 32257-6245 Country 30

4. FEI Number: **59-2463922** ☐ 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
SKINNER, RUSSELL R
6800 SOUTHPOINT PKWY.
SUITE 400
JACKSONVILLE FL 32216

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 [illegible] DATE
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME SKINNER, RUSSELL R.		1.2 NAME	
STREET ADDRESS ~~6800 SOUTHPOINT PKWY.~~		1.3 STREET ADDRESS 2970 HARTLEY ROAD #302	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME COXWELL, JOHN		2.2 NAME	
STREET ADDRESS 6741 LLOYD RD W		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE STD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME SKINNER, BRYANT B		3.2 NAME	
STREET ADDRESS ~~6800 SOUTHPOINT PKWY., #400~~		3.3 STREET ADDRESS 2970 HARTLEY ROAD # 302	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I 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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034903