

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H34339** (2)

1. Corporation Name

AVIATION & AIR TRANSPORTATION SERVICES, INC.



Principal Place of Business: **1287 TURNBERRY CT ROCKLEDGE, FL (32955)
PO BOX 898
COCOA FL 32923-7898**

Mailing Address: **1287 TURNBERRY CT ROCKLEDGE, FL (32955)
PO BOX 898
COCOA FL 32923-7898**

3. Date Incorporated or Qualified: **12/12/1984**

3a. Date of Last Report: **02/06/1995**

4. FEI Number: **59-2478592**

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: Suite, Apt. #, etc.

2a. Mailing Address: Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**BADGER, DALE E.
1287 TURNBERRY COURT
ROCKLEDGE FL 32955**

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 607.0507 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 of officer or director or registered agent or both)

(Signature of Registered Agent, required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PTD** ☐ DELETE

2. NAME: **BADGER, DONALD A.**

3. STREET ADDRESS: **1287 TURNBERRY COURT**

4. CITY- ST- ZIP: **ROCKLEDGE FL**

5. TITLE: **VSD** ☐ DELETE

6. NAME: **BADGER, DALE E.**

7. STREET ADDRESS: **1287 TURNBERRY COURT**

8. CITY- ST- ZIP: **ROCKLEDGE FL**

9. TITLE: ☐ DELETE

10. NAME:

11. STREET ADDRESS:

12. CITY- ST- ZIP:

13. TITLE: ☐ DELETE

14. NAME:

15. STREET ADDRESS:

16. CITY- ST- ZIP:

17. TITLE: ☐ DELETE

18. NAME:

19. STREET ADDRESS:

20. CITY- ST- ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE: ☐ Change ☐ Addition

2. 2. NAME:

3. 3. STREET ADDRESS:

4. 4. CITY- ST- ZIP:

5. 5. TITLE: ☐ Change ☐ Addition

6. 6. NAME:

7. 7. STREET ADDRESS:

8. 8. CITY- ST- ZIP:

9. 9. TITLE: ☐ Change ☐ Addition

10. 10. NAME:

11. 11. STREET ADDRESS:

12. 12. CITY- ST- ZIP:

13. 13. TITLE: ☐ Change ☐ Addition

14. 14. NAME:

15. 15. STREET ADDRESS:

16. 16. CITY- ST- ZIP:

17. 17. TITLE: ☐ Change ☐ Addition

18. 18. NAME:

19. 19. STREET ADDRESS:

20. 20. 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:

Donald A. Badger

DONALD A. BADGER

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 01/24/96 1402636-2949

DATE

DAYTIME PHONE

CR2E034 (12/95)