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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H79379

J & S AIRCRAFT, INC.

FILED
Jan 16 1998 8:00am
Secretary of State

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Principal Place of	Business	Mailing Address				0 1011 0 1011 B 1011		
200 AVIATION DR	R. N.	200 AVIATION DR. N.						
#4		#4		DO NOT WE	NTE IN THIS :	SDACE		
NAPLES FL 33942 US		NAPLES FL 33942 US		3. Date Incorporated or Qualific		JI AOL		
Ų3		00			10/02/1985			
2. Principal Place	e of Businoss	2a. Mailing Address			4, FEI Number		TA	pplied For
21		26			59-2615520		N	ot Applicable
Suite, Apt. #, e	elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		+	Additional
22		27						equired
City & State		City & State			6. Election Campaign Financing	· 🗆		May Be
Zip	Country	28	Country	 	Trust Fund Contribution		***	to Fees
24 34104-3501 ₂₅		29 34104-3501 ₃₀		8. This corporation owes or has Personal Property Tax due Ju	, _		itangibie No	
24, 54154	9. Name and Address of Current		, <u>v</u>		10. Name and Address of New			
	SON, JOEL T. JR.		81	Name				
			93	Stroot Add	dress (P.O. Box Number is Not Accer	otable\		
200 AVIATION DR. N. NAPLES FL 33942		82 Street Add		diess (F.O. Box Nomber is Not Accep	лапеј			
1011 00	10 1 C 000 IL		83					
			84	City			85 Zip.	Code
				"		FL		104-35
11. Pursuant to the	he provisions of Sections 607.0502 stored agent, or holb, in the State (P and 607.1508, Florida Statutes of Florida, Such change was aut	the above	e-named cor v the cornor	rporation submits this statement for thation's board of directors. I hereby ac	ne purpose of scent the app	f changing i ointment as	its registered registered
econt Len le	stered agent, or both, in the State of amilia, white and a copy the obliga	tions of Section 607.0505, Flori	da Statute	S.	,			
agent anti-	\ ` ~ \ \ / \ \ *	``	•					
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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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if banged, or on an accument with an address.

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CITY-ST-ZIP