

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **J12346** (9)  
1. Corporation Name  
**AIR AUTO OF TALLAHASSEE, INC.**



Principal Place of Business Mailing Address  
**% J. D. COATS**  
**4951 BLOUNTSTOWN HIGHWAY**  
**TALLAHASSEE FL 32304-9009**

3. Date Incorporated or Qualified **05/01/1986** 3a. Date of Last Report **08/07/1995**  
4. FEI Number **59-2684213** 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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 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

**COATS, J. D.**  
**4951 BLOUNTSTOWN HIGHWAY**  
**TALLAHASSEE FL**

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D MCKENZIE, T. L. 4442 THOMASVILLE ROAD TALLAHASSEE FL  
PO COATS, J. D. 8049 TENNYSON DR TALLAHASSEE FL  
DELETE  
DELETE  
DELETE  
DELETE  
DELETE  
DELETE  
DELETE  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP  
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP  
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP  
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP  
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP  
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96 9045767222