

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J71729** (4)

1. Corporation Name  
**CONTRACT AVIATION SERVICE, INC.**



Principal Place of Business: **% LEONARD M. ALTERMAN 9116 CYPRESS GREEN DRIVE JACKSONVILLE FL 32256**  
Mailing Address: **% LEONARD M. ALTERMAN 9116 CYPRESS GREEN DRIVE JACKSONVILLE FL 32256**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. 6760 Arrowroot Drive		26. SAME		05/08/1987		01/23/1995	
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FEI Number		Applied For	
23. Jacksonville, FL		28. Jacksonville, FL		59-2806733		Not Applicable	
24. 32244		29. Duval		5. Certificate of Status Desired		8.75 Additional Fee Required	
25. Duval		30.		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
26. Duval		31.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALTERMAN, LEONARD M. 9116 CYPRESS GREEN DRIVE, SUITE 207 JACKSONVILLE FL 32256				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 607.0622 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 is 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ANDREW B.	1.2 NAME	
STREET ADDRESS	6760 ARROWROOT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ALICE E.	2.2 NAME	
STREET ADDRESS	6760 ARROWROOT DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 of this report, or on the attached form with an address.

SIGNATURE: Andrew B. Jones  
ANDREW B. JONES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-96 (904) 771-6542  
Date Telephone #

CR2E034 (12/95)