

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 # **K22314 (4)**

1. Corporation Name
EXECUTIVE JET CHARTER, INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 18251 JACKSONVILLE FL 32229 **PO BOX 18251 JACKSONVILLE FL 32229 US**

2. Principal Place of Business 2a. Mailing Address
 21 **855-12 ST JOHN BLUFF** 26 **PO-Box 5426**
 Suite, Apt #, etc. Suite, Apt #, etc.

22 City & State 27 City & State
 23 **JAX FL** 28 **JAX FL**

24 Zip 25 Country 29 Zip 30 Country
32225 **DUVAL** **32247-5426** **DUVAL**

3. Date Incorporated or Qualified **05/01/1988** 3a. Date of Last Report **01/23/1995**
 4. FEI Number **59-2895175** 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
NEWMAN, JAMES W
116151 KINGSLEY MANOR WAY
JACKSONVILLE FL 32225

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 _____ DATE _____
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEWMAN, JAMES W.	
STREET ADDRESS	4012 SABLE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN III, JAMES C	
STREET ADDRESS	4038 BAYNEADOWS RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JAMES W NEWMAN	
13 STREET ADDRESS	855-12 ST JOHNS BLUFF RD	
14 CITY-ST-ZIP	JAX FL 32225	
21 TITLE	VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KEITH HARRIS	
23 STREET ADDRESS	855-12 ST JOHNS BLUFF RD	
24 CITY-ST-ZIP	JAX FL 32225	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Keith Harris* **KEITH HARRIS** V/PRES 7-9-96 804-741-4222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)