

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

93 MAY 18 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L24957 AMENDED ANNUAL REPORT  
1. Corporation Name  
AYRES AVIATION HOLDINGS, INC.

Principal Place of Business: ONE AYRES WAY ALBANY, GA 31707  
Mailing Address: P. O. BOX 3090 ALBANY, GA 31706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1989

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		P. O. BOX 3090		58-2384840	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	ALBANY, GA		ALBANY, GA		<input type="checkbox"/>	
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	31706		31706		<input type="checkbox"/>	
24	Country	29	Country	8.	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	US		US			

9. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 City

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: \_\_\_\_\_  
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VICE PRESIDENT
NAME	Ayres, Fred	1.2 NAME	JOHN M. VANSANT
STREET ADDRESS	One Ayres Way	1.3 STREET ADDRESS	ONE AYRES WAY
CITY-ST-ZIP	Albany, GA 31707	1.4 CITY-ST-ZIP	ALBANY, GA 31707
TITLE	VP	2.1 TITLE	VICE PRESIDENT
NAME	Ayres, Carol Y.	2.2 NAME	HENRY S. GUTHRIE, JR.
STREET ADDRESS	One Ayres Way	2.3 STREET ADDRESS	ONE AYRES WAY
CITY-ST-ZIP	Albany, GA 31707	2.4 CITY-ST-ZIP	ALBANY, GA 31707
TITLE	ST	3.1 TITLE	
NAME	Wilson, Debra P.	3.2 NAME	
STREET ADDRESS	One Ayres Way	3.3 STREET ADDRESS	
CITY-ST-ZIP	Albany, Ga 31707	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	Ayres, Jo-Anne	4.2 NAME	
STREET ADDRESS	One Ayres Way	4.3 STREET ADDRESS	
CITY-ST-ZIP	Albany, GA 31707	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: Jo Anne Ayres Jo Anne Ayres May 15, 1998 912-883-1440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, Year #

CR2E034 (10/97)

Handwritten initials: JAB/SAB/98