

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90021 010 \*\*\*150.00

DOCUMENT # **L24957**

1. Entity Name  
**AYRES AVIATION HOLDINGS, INC.**

Principal Place of Business <b>ONE AYRES WAY ALBANY GA 31707</b>	Mailing Address <b>P.O. BOX 3090 ALBANY GA 31706-3090</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>58-2384840</b>	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Not Applicable <input type="checkbox"/>	
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AYRES, FRED P</b>		NAME	
STREET ADDRESS <b>ONE AYRES WAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ALBANY GA 31707</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AYRES, CAROL Y</b>		NAME	
STREET ADDRESS <b>ONE AYRES WAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ALBANY GA 31707</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILSON, DEBRA P</b>		NAME	
STREET ADDRESS <b>ONE AYRES WAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ALBANY GA 31707</b>		CITY-ST-ZIP	
TITLE <b>AS</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AYRES, JOANNE</b>		NAME	
STREET ADDRESS <b>ONE AYRES WAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ALBANY GA 31707</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VANSANT, JOHN M</b>		NAME	
STREET ADDRESS <b>ONE AYRES WAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ALBANY GA 31707</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jo Anne Ayres Jo Anne Ayres Date: 4/27/00 Daytime Phone #: 912-883-1440

CR2E034 (9/99)