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Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L39947

(1)

1. Corporation Name

AIRLINE SUPPLY CORPORATION

Principal Place of Business

120 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US

Mailing Address

120 PINELLAS BAYWAY
TIERRA VERDE FL 33715-1700
US

3. Date Incorporated or Qualified
01/01/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 10855 U.S. 19 N

Suite, Apt. #, etc.

22

City & State

23 CLEARWATER, FL

Zip

24 34624

Country

25

2a. Mailing Address

26 10855 U.S. 19 N

Suite, Apt. #, etc.

27

City & State

28 CLEARWATER, FL

Zip

29 34624

Country

30

4. FEI Number

59-2981271

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

NELSON, CARL R.
% FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL
501 E. KENNEDY BLVD.
TAMPA FL 33602

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 of corporation or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS
NAME ADAMS, RICHARD V., JR.
STREET ADDRESS 421 SIXTH AVE. NORTH
CITY- ST- ZIP TIERRA VERDE FL

☐ DELETE

TITLE P
NAME KOTTHEIER, CHARLES
STREET ADDRESS 413 55TH AVE
CITY- ST- ZIP ST PETERSBURG FL

☐ DELETE

TITLE V
NAME PETER, LISA
STREET ADDRESS 615 MONTE CRISTO BLVD
CITY- ST- ZIP TIERRA VERDE FL

☐ DELETE

TITLE D
NAME PLATH, ROBERT
STREET ADDRESS 3030 NE 44TH STREET
CITY- ST- ZIP LIGHTHOUSE POINT FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

KOTTMEIER, CHARLES

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

PETERS, LISA

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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 in an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Kottmeier 3/26/97 813.573.5050

CR2E034 (9/96)