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CORPORATION ANNUAL REPORT



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

1996

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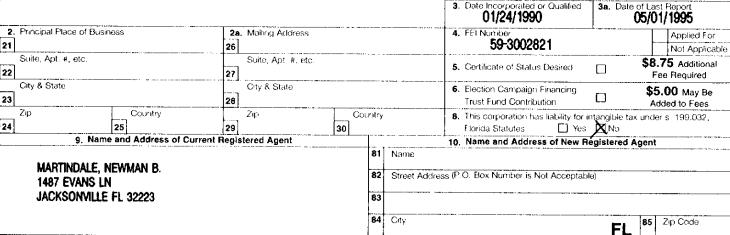
DOCUMENT #

MARTINDALE AVIATION SERVICES, INC.

Principal Place of Business % NEWMAN B. MARTINDALE 1487 EVANS LN JACKSONVILLE FL 32223

Mailing Address

% NEWMAN B. MARTINDALE 1487 EVANS LN JACKSONVILLE FL 32223



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 T.TLE	Change Addition
NAME	MARTINDALE, NEWMAN B.		1.2 NAME	
STREET ADDRESS	1487 EVANS LN		1.3 STHEEL ADDRESS	
CITY - St - ZIP	JACKSONVILLE FL		1 4 CHY - ST - ZIP	
TIFLE		DELFTE	2 1 TITLE	Change Addition
NAME			2.2 NAME	- " —
STREET ADDRESS			2.3 STREET ADDRESS	
City - St - ZiP			2.4 CiTY+S1, ZiP	
TITLE		DELETE	3 1 TIFLE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 GHY - ST - ZIP	
TITLE		☐ DÉLETE	4 1 TI'LE	☐ Charige ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STHEET ADDRESS	
CITY - S! - 7iP			4.4.0:TY - ST - Z:P	
TITLE		DELETE	5 1 TIFLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CHY-ST ZIP			5 4 CITY - \$1 - ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

I do hereby certify that the information supplied with this filting 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

SIGNATURE: NEWMAN B.

April 79, 1996 104 262 4956